**M. B. S. Parish Athletic Association**

MBS ADULT CO-ED VOLLEYBALL LEAGUE REGISTRATION FORM 2018

(ADDITIONAL REGISTRATIONS FORMS ARE AVAILABLE ONLINE AT MBSBR.ORG)

REGISTRATION DEADLINE: **FRIDAY, MAY 18TH**

COACHES/ PLAYERS MEETING: **TUESDAY, MAY 22ND @ 6:30PM** **IN THE MBS OTT CENTER**

The MBS volleyball league will take the place of the MBS adult co-ed softball league we normally host during the summer but cannot host this summer due to field construction. The MBS volleyball league will be open to all MBS parishioners, men and women, 18 years and older. We will accept some non-parishioners per team.

**PLEASE PRINT:**

Name: **\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**  Sex: M F

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** Age: **\_\_\_\_\_**

Home Telephone: **\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_** D.O.B. **\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

Cell Phone #  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_**

Email address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Team Requested (optional- you may put partner or coach’s name) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VOLUNTEER OPTION (Please Circle):** HEAD COACH ASST. COACH

*(Special Note: Our league depends heavily on our volunteer coaches, please consider this option when registering)*

**SHIRT SIZE (Please Circle):** ASM AMED ALG AXLG AXXL AXXXL

## LEAGUE FEES (Please Indicate): MBS PARISHONER NON-PARISHONER

Adult Co-Ed Volleyball $40.00 $50.00

Please make checks payable to MBS ATHLETICS ($120.00 Max/family for parishioners & $150.00 Max/family for non -parishioners)

I/We agree to do our share of concession work (**16 & older, no children please)** andgrounds maintenance and trash pickup. I/We also understand that I/We are responsible for any injury or liability that may occur during the sport listed above. I/We have medical insurance and/or are financially able and will pay for any medical bills that are incurred as a result of any injury or liability. I/We give permission to the coach or other responsible person to seek medical aid if I, my spouse or guardian is not present.

**SIGNATURE**:

PLEASE RETURN COMPLETED FORMS WITH FEES TO MBS SCHOOL OFFICE. FORMS CAN BE MAILED TO: 8033 BARRINGER RD. BR, LA 70817

ATTN: Christine Rabalais, MBS A.D. Email: chrabalais@mbsbr.org Office #: (225) 751-9479