

# Volusia Catholic Sports League Basketball

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Parish: \_\_\_\_\_ Grade: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Date / Last Physical: \_\_\_\_\_ Performed by: \_\_\_\_\_

**Registration Fees:                    \$55.00      Per Child**

**\$75.00      Per Family (2)**

***Please make checks payable to:      Volusia Catholic Sports League***

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I give my child / children \_\_\_\_\_  
permission to play in the Volusia Catholic Sports League. I assume all  
responsibility from accidents and or injuries to my child / children. I relieve  
the Volusia Catholic Sports League of any/all liability.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please Note: No child will be allowed to participate without a completed VCSL registration form and fees.