



## 2025 Girls' Volleyball Team Registration Grades 6-8

Office Use:
Name _____
Check # _____
PMOF _____
Amt. Pd. _____
Date _____

I/We, the parents of the undernoted student, hereby give my/our approval for his/her participation in any and all St. John's activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We hereby waive, release, absolve, indemnify, and agree to hold harmless St. John's Episcopal School, its organizers, sponsors, participants and persons transporting my/our son/daughter to or from activities, for any claim out of injury to my/our son/daughter. I/We assume responsibility for the administration of all medications to my/our son/daughter during these activities. It is the responsibility of the parent to discuss medical conditions and provide medications and administration procedures with your child's coach. Medications maintained in the health room at St. John's Episcopal School are for use during the school day and are not available for use in after school activities.

Parent/Guardian signature: \_\_\_\_\_

***Please print:***

Parent 1 name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 2 name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Grade: \_\_\_\_\_ Sport: Volleyball

Please list any allergies or medical conditions the staff may need to know in case of an emergency:

\_\_\_\_\_

The **\$200.00** fee will be charged to your FACTS payment account or if you prefer to pay by check please attach to this form

☐ Check for \$200 made out to "St. John's Episcopal School" and returned with the registration form to the front office by Friday, September 5, 2025.

☐ Please use FACTS

Please return this form to the front office by Thursday, August 28, 2025

**Questions?** Please call Bryan Hayre at 301-774-6804 x 196 or e-mail [bryan.hayre@stjes.org](mailto:bryan.hayre@stjes.org)

***PLEASE KEEP THIS PORTION  
of your registration form  
for future reference.***

**2025**

**St. John's Girls' Volleyball Team Information**

- Practice will begin on September 9.
- Practices will take place on Tuesday, 3:30 to 4:30 pm. Students not picked up by 4:35 will be sent to After Care and charged the drop-in fee.
- Games may occur any day of the week - Monday through Friday.
- Students may participate in cross country and play soccer or volleyball.
- Uniforms will be provided. Uniforms must be returned at the conclusion of the season. Students will be billed for any unreturned or damaged uniforms.
- Please check the St. John's website for game schedules, game changes and directions.
- Approximate class dismissal time and pick up time for games will be announced in advance
- Changes may occur for reasons other than weather.
- To register, please complete the attached form and return with a check for \$200 or select payment through FACTS, to the front office by Thursday, August 28, 2025.
- Any questions, please contact Bryan Hayre at [bryan.hayre@stjes.org](mailto:bryan.hayre@stjes.org) or 301-774-6804

