

# Greenfield-Central

## Volleyball

# Spring Youth League



Join the Greenfield-Central Volleyball Staff and Players this spring for a 4-week train and play league.

## League Details



**Who:** Current 1<sup>st</sup>-8<sup>th</sup> Grade Girls & Boys

**What:** 4 week, 8 session train & play with the GCHS high school staff and players. Athletes will train one night a week and participate in wash drills and scrimmages the second night.

**When:** Monday and Wednesday nights from 6:00-7:30PM or 7:30-9:00PM.

League starts Monday April 9<sup>th</sup> and Concludes on Wednesday May 2<sup>nd</sup>  
Apr-9, Apr-11, Apr-16, Apr-18, Apr-23, Apr-25, Apr-30, May-2

**Where:** Greenfield-Central High School Main Gym

**Cost:** \$100, Includes t-shirt and free admission to all 2018 Home Games

**Registration:** Please complete the GCHS Volleyball Spring Youth League liability, registration form and send payment to GCHS Athletic Department, Volleyball.

**Mail to:** 810 N. Broadway Street Greenfield, IN 46140 Attn: GCHS Athletics, Volleyball

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## Registration & Liability Form

Name: \_\_\_\_\_ Grade (2018-19): \_\_\_\_\_

T-Shirt Size (Y= youth, A= adult): YS YM YL AS AM AL AXL

*Use space below for additional registrations*

Name: \_\_\_\_\_ Grade (2018-19): \_\_\_\_\_

T-Shirt Size (Y= youth, A= adult): YS YM YL AS AM AL AXL

I/We understand that volleyball is an activity in which the risk of injury is high. Despite this understanding of the possibility of serious or catastrophic injury and the risks involved, we consent to the participation in this activity by our son/daughter listed above. I/We agree to, and by the signing of the agreement, release the coaches, volunteers, staff or Greenfield-Central High School, and the Board of Education from any claim of negligence by ourselves, our son/daughter listed above, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss or damage to his/her property which may arise from his/her Participation.

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_