

# Jr Generals Summer Volleyball League 2022

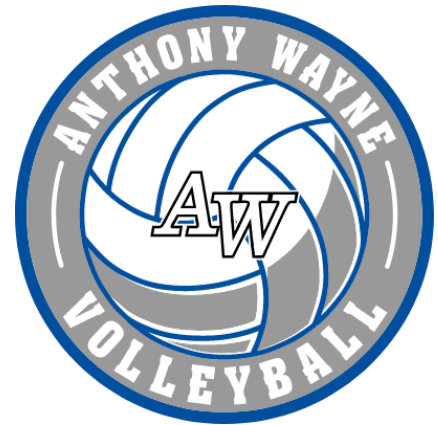
July 11th - Aug 10th

- o Girls and boys entering into 3rd-4th grade & 5th-6th grade.
- o Focus of instruction will be technical skills, team building, and the basic fundamentals of volleyball.
- o Each player will have an opportunity to practice their newly learned skills during competition night each week.
- o The cost of the five-week program will be \$100/player.
- o Each player will be placed on a team with a high school player as their coach.
- o Fee includes a t-shirt with their team color.
- o Prizes will be given to the top finishing teams.
- o Wear your League shirt and receive free admission to the AWHs Volleyball match vs. Perrysburg on Sept 15<sup>th</sup>.

Register Online with AWYF: <https://awyf.sportngin.com/awjrgvb>

Schedule: one skill session per week with coaches (Monday) plus one match per week (Wednesday).

<b>Week 1</b>	Mon 7/11/22	6:00 - 7:30pm	Skills Session
	Wed 7/13/22	6:00 - 7:00pm	Match
<b>Week 2</b>	Mon 7/18/22	6:00 - 7:30pm	Skills Session
	Wed 7/20/22	6:00 - 7:00pm	Match
<b>Week 3</b>	Mon 7/25/22	6:00 - 7:30pm	Skills Session
	Wed 7/27/22	6:00 - 7:00pm	Match
<b>Week 4</b>	Mon 8/1/22	6:00 - 7:30pm	Skills Session
	Wed 8/3/22	6:00 - 7:00pm	Match
<b>Week 5</b>	Mon 8/8/22	6:00 - 7:30pm	Skills Session
	Wed 8/10/22	6:00 - 7:00pm	Match



Player Name: \_\_\_\_\_ Grade Level 2022: \_\_\_\_\_

Did your daughter participate last year? \_\_\_\_\_ T-shirt Size (Circle One) YL / Adult S / Adult M / Adult L / Adult XL

Parent(s) Name: \_\_\_\_\_ Parent(s) Phone #: \_\_\_\_\_

Parent(s) Email: \_\_\_\_\_

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

## Emergency Medical Form

I hereby authorize Anthony Wayne High School and the directors of the Junior Generals League, to act for me according to their best judgement in an emergency requiring medical attention for my daughter or ward. I waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I understand that I am responsible for any costs incurred due to injuries received in camp requiring medical or dental expenses. I certify that my dependent has had a physical in the last year. I further accept responsibility that my dependent is physically able to participate in the activity of volleyball.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Health Insurance Information