

Junior Generals Volleyball League

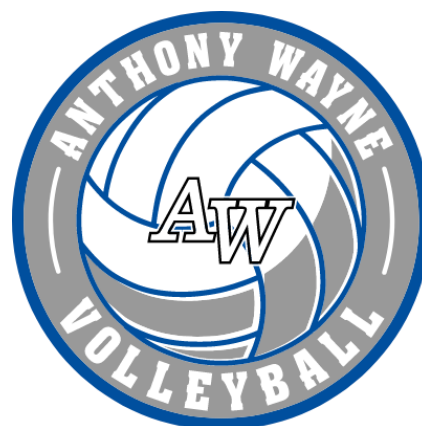
June 5 – June 29, 2023

- Students entering 5th-6th grade.
- Focus of instruction will be technical skills, team building, and the basic fundamentals of volleyball.
- Each player will have an opportunity to practice their newly learned skills during competition night each week.
- The cost of the four-week program will be \$80/player.
- Each player will be placed on a team with a high school player as their coach.
- Fee includes a t-shirt with their team color.
- Prizes will be given to the top finishing teams.
- Wear your League shirt and receive free admission to AWHs Volleyball match vs. Northview on Sept 19th.

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

Schedule: one skill session per week with their coach (Monday) plus one match per week (Thursday).

Week 1	Mon, June 5:	6:15 - 7:15pm	Skills Session
	Thurs, June 8:	6:15 - 7:15pm	Match
Week 2	Mon, June 12:	6:15 - 7:15pm	Skills Session
	Thurs, June 15:	6:15 - 7:15pm	Match
Week 3	Mon, June 19:	6:15 - 7:15pm	Skills Session
	Thurs, June 22:	6:15 - 7:15pm	Match
Week 4	Mon, June 26:	6:15 - 7:15pm	Skills Session
	Thurs, June 29:	6:15 - 7:15pm	Match



Player Name: _____ Grade Level 2023: _____

Did your child 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 child. 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