Junior Generals Volleyball League
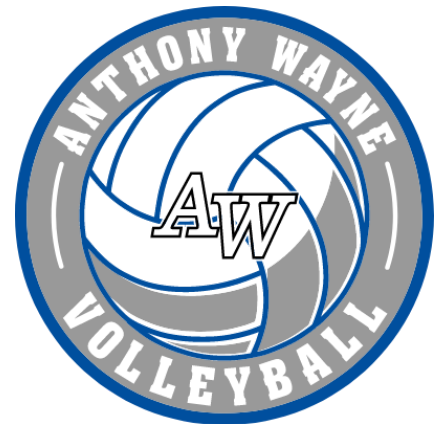
June 3 – June 27, 2024

- o Students <u>entering</u> 5th grade in the fall.
- 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 four-week program will be $100/player.
- **o** Each player will be placed on a team with a high school player(s) as their coach.
- **o** Players will receive a game day t-shirt with their team color.
- **o** Wear your Team shirt and receive free admission to AWHS Volleyball match vs. Clay on September 24th at 7pm.

Register Online at AWYF: Registration Link
Registration closes: Tuesday, May 20, 2024
Schedule: one practice per week with their coach (Monday) plus one match per week (Thursday).

Week 1   Mon, June 3:   5:15 - 6:15pm   Practice
    Thurs, June 6:   5:15 - 6:15pm   Match

Week 2   Mon, June 10:   5:15 - 6:15pm   Practice
    Thurs, June 13:   5:15 - 6:15pm   Match

Week 3   Mon, June 17:   5:15 - 6:15pm   Practice
    Thurs, June 20:   5:15 - 6:15pm   Match

Week 4   Mon, June 24:   5:15 - 6:15pm   Practice
    Thurs, June 27:   5:15 - 6:15pm   Match

Player Name:_____ Grade Level 2024: _____

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

_____   _____