



2011 2012
**WILLOUGHBY PARKS & RECREATION
GIRLS VOLLEYBALL**

League Highlights

This is a “Games Only” league. Each team will play 2 games. There are no practices. The purpose of this league is to give girls who have started playing volleyball in the last couple of years an opportunity to continue playing by getting additional game experience. Skill development in a game environment is the primary goal.

- Who: 4th and 5th grade girls who have played previously in an organized league such as CYO or have received organized instruction.
- Note: If your child is a JO player or is use to that type of competition, then this league will not be a good fit for your child.**
- When: Saturdays (afternoon/evening), beginning in January 14th for 7 weeks.
- Where: Browning Senior Center in Willoughby
- Cost: \$45 for Willoughby Residents and \$55 for others
- Teams: 6 teams
- Rosters: Approximately 8-10 girls per team. Teams will be set by the league director based on the skill level assessment provided by the parent on the registration form. Siblings will be kept together on the same team.
- Games: Each team will play 2 games. Each game will consist of a best 2 out of 3 match format to 21 winning by 2. Third match, if necessary, will be to 15 subject to time limit.
- Time Limit: Games will be scheduled every 45 minutes.
- Scheduling: Teams will either play back-to-back games or will have a max wait of 1 game prior to the start of their next game. You will not play the same team both games.
- Shirts: Each girl will be provided a league shirt.
- Playing time: 6 on the floor. With every rotation, a girl from the bench will replace a girl on the floor.
- Officiating: High Schoolers with Volleyball Experience will be used
- Questions: Contact Tom Daly at tomdaly@sbcglobal.net or 440-205-1908
- Registration: Registration will start **Monday, October 24, 2011** through December 16, 2011 and will continue until spots are filled. Do not delay! We are expecting spots to fill up fast.
- Details: This program is run by the **City of Willoughby Parks & Recreation Department** and all forms must be completed and signed and submitted to the Recreation Department along with payment. You can fax, mail or drop-off. The Recreation Department is located at 1 Public Square (old courthouse).
- Phone number: 440-953-4200
Fax number: 440-953-4204
Email: parksandrec@willoughbyohio.com
Forms available at: http://willoughbyohio.com/rec_dept/
- Forms: Please complete the 2 page registration form and submit to the Recreation department along with payment. If you have multiple children, then you will need to complete Page 2 of the registration form for each child.



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WILLOUGHBY PARKS & RECREATION REGISTRATION FORM
GIRLS VOLLEYBALL

Return registration form to 1 Public Square, Willoughby, 44094; or
FAX your registration to 440-953-4204 or **For registration questions, PHONE** 440-953-4200.

Payment method (Please complete)

Discover MC Visa Card # _____ Exp. _____ V-Code _____
 (3 digit code on back)

Cardholder's Name _____

Cardholder's Signature _____

This will be the card charged for the registration fee total.

Pay by Check Chk# for Registration _____

If paying by check, you will need to make payable to **City of Willoughby**.

Complete this section

Parent/Guardian (Print name) _____

E-Mail address (one checked daily) _____

Street Address: _____ City _____ Zip _____

Home Phone (_____) _____ Work (_____) _____ Cell (_____) _____

Program Costs

4th & 5th Grade Girls: \$45 Willoughby Residents and \$55 for others (Activity 4095.500)

Note: If your child is a JO player or is use to that type of competition, then this league will not be a good fit for your child.

Participant Name(s)	Age	Grade	Cost
Total Cost			\$

RELEASE OF RESPONSIBILITY

I hereby allow my child to participate upon my own initiative and application and assume all risks and hazards incidental to the activities of her participation in the City of Willoughby Parks and Recreation Department Volleyball Program and in consideration of her participation in said program, do hereby waive and release from any and all liability whatsoever during such program against the City of Willoughby and its officers, agents, employees, coaches, and volunteers; Willoughby Parks and Recreation and its officers, agents, employees, coaches, and volunteers; and further hereby agree that no suit of action of law shall be instituted for any reason by me or others. I am hereby advised and fully understand that no insurance will be provided for any member of my family while enrolled in any program or trip. I agree that my insurance carrier or I will bear the financial responsibility for any medical treatment administered or for any other type of loss. I also hereby authorize the Willoughby Department of Parks & Recreation to use my photograph or image, or my child's photograph or image, with or without my name or my child's name, either singular or in conjunction with other persons or objects, for private or public presentations, advertising, publicity, or promotional purposes for programs sponsored by the Willoughby Department of Parks & Recreation.

Signature of Parent or Guardian _____ Date _____



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Name: _____ Birth Date: _____ Age: _____

School: _____ Grade: _____ Shirt Size (specify Y or Adult): _____

Skill Level assessment: Please do your best to assess your child's current skills. This is not an exact science so just do the best you can. Brief description to give you an idea 1=About 25% of the time can get serve over and return volleys; 2=About 50% of the time can get serve over and return volleys; 3= 75%+ of the time can get serve over and return volleys.

Child's Skill Level (circle one): 1 2 3 Don't Know

Parent/Guardian Name: _____

E-Mail address (one checked daily): _____

Street Address: _____ City: _____ Zip: _____

Home Phone (_____) _____ Cell (_____) _____ **Yes, I am interested in coaching a team**

MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of emergency medical treatment for children who become ill or injured while under Willoughby Parks & Recreation-Volleyball authority, **WHEN PARENTS OR GUARDIANS CANNOT BE REACHED.**

PART I - TO GRANT CONSENT

In the event reasonable attempts to contact me at this phone number (_____) _____ or my child's other parent/guardian (name) _____ at this phone number (_____) _____ have been unsuccessful, I hereby give consent for

- 1). the administration of any treatment deemed necessary by
 Preferred Physician - Dr. _____ phone number (_____) _____
 Preferred Dentist - Dr. _____ phone number (_____) _____,

OR in the event the designated preferred practitioner is not available, by another licensed physician or dentist; AND

- 2). the transfer of the child to _____ (preferred hospital).

This authorization doesn't cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

ALLERGIES: YES NO If YES, _____

MEDICATION: YES NO If YES, _____

YEAR OF LAST TETANUS (DTP vaccine): _____

Signature of Parent or Guardian _____ Date _____

******* DO NOT COMPLETE PART II IF YOU COMPLETED PART I *******

PART II - REFUSAL TO GRANT CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the volleyball program authorities to take no action or to: _____

Signature of Parent or Guardian _____ Date _____