

## Iowa-Grant Summer Volleyball League 2017

WHEN: Thursdays – June 8, 15, 22, 29, and July 6<sup>th</sup>

5:00/5:30 start time

WHERE: Iowa-Grant Elementary/ Middle School  
& IGHS gyms;

COST: \$25 per player

(\*\*due to gym resurfacing, league will start & end earlier than usual)

WHO CAN PARTICIPATE? Anyone going into high school or presently in high school,  
fall of 2017.

SEND FORMS  
TOGETHER!

LEAGUE DIRECTOR: Marla Simon ([pdmmsimn@centurytel.net](mailto:pdmmsimn@centurytel.net))

(Panther Head Coach & Southern Heat VBC Director)

\*\*This summer league is designed as an opportunity for teams to come together and play as a team. There is no instruction, but rather supervised and officiated play. Each team is usually guaranteed 2 matches per night. It is league play for the first 4 ½ nights and then a league tournament to finish in the last 1½ nights.

Each athlete must fill out the below information and return to address below with your \$25. You are responsible for finding your own team to play.

**DESIGNATE A TEAM CAPTAIN AND PLEASE SEND ALL OF YOUR SHEETS & MONEY TOGETHER!!!  
PLEASE LIST THE TEAM CAPTAIN ON YOUR ENTRY FORMS!**

(I will send a schedule to this captain – so please give a reliable email!!)

Fill out the bottom portion and **RETURN NO LATER THAN MAY 20<sup>TH</sup>!** **This date NEEDS TO BE FOLLOWED as it is an earlier start time this summer.** A schedule will be determined and returned to your team captain (via e-mail or phone call.)

MAKE CHECKS PAYABLE TO: Iowa-Grant Volleyball  
SEND FORMS TO: Marla Simon -  
Iowa-Grant High School  
462 County IG  
Livingston, WI 53554

Team Name/School \_\_\_\_\_ Team Captain \_\_\_\_\_

Team Level -Junior Varsity or Varsity (circle one)

Captain's Email \_\_\_\_\_ Your E-mail \_\_\_\_\_

YOUR Name & Phone Number: \_\_\_\_\_

Emergency Contact (Name & Phone Number) \_\_\_\_\_

Family Doctor & hospital \_\_\_\_\_

List any physical/medical problems we should know about: \_\_\_\_\_

\*\*I verify that I have no knowledge of any physical impairment(s) that would affect my daughter's participation in the

Iowa-Grant Summer Volleyball League. I accept full responsibility for any injury or medical treatment needed while she is attending league. I also will give the organizer, Marla Simon, & staff permission to act in their best judgment in case of an emergency.

Parent or Guardian signature/ Date \_\_\_\_\_//\_\_\_\_\_