

Iowa-Grant Summer Volleyball League 2019

SEND FORMS
TOGETHER!

WHEN: Thursdays – June 13, 20, 27, July 11th & 18th (No July 4th) ** 3:00/3:30 start time
(*early start due to high school gym floor being redone; JV will start early)

WHERE: Iowa-Grant Elementary/ Middle School(only) COST: \$30 per player

WHO CAN PARTICIPATE? Anyone going into high school or presently in high school, fall of 2019.

LEAGUE DIRECTOR: Marla Simon (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 3 1/2 nights and then a league tournament to finish in the last 1 1/2 nights.
- Each athlete must fill out the below information and return to address below with their \$30. 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 20TH! **THERE WILL BE A LIMIT OF JV & VARSITY TEAMS (20 TEAMS TOTAL) DUE TO LIMITED GYM SPACE!** A schedule will be determined and returned to your team captain (via e-mail or phone call.)

MAKE CHECKS PAYABLE TO: PANTHER VOLLEYBALL CLUB
 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 _____ //