

# Girls High School Volleyball League At Church of the Lakes March 7th 2008.

## Rules:

Games will be played on Friday nights starting at 9:00pm with the last match starting at 12:00am. A team will be made up of at least 6 players, but a match can be played with less than 6. A match will consist of 3 games. Each game will be Rally scoring to 25 points with a point cap at 27. The goal is for all 3 games not to exceed 50 minutes in total. Serving can take any form, overhand, underhand or jump. A team shall have no more than 3 girls that played and/or plan on playing on a school team, for this could jeopardize OHSAA eligibility rules. A team can consist of any high school grade level girl. Any additional rules or rules clarification will be addressed the first night. The league will last 10 weeks with a tournament the last week.

## Player Information

*Please complete a separate form and sign Waiver/Consent for each player. Please list team members by name. If you don't have enough for a team we will be placed on a team short of players.*

## League Fee

**League participation = \$25 per player, payable by 2/27/08 at Registration deadline.**

Make checks payable to **COTL**.

## Return Registration Form

Church of the Lakes  
Attn: Mike Moss  
5944 Fulton Dr. NW  
Canton, OH 44718  
Phone: 330-312-0180

## Player

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Emergency Contact Information

Please provide your parents' names and the *best* numbers to reach them.

Mother's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## Medical Information

List any medications, allergic reactions, special medical conditions or health supplies needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## Waiver and Informed Consent Statement

In consideration of my child's participation in the activities of the Church of the Lakes, I do hereby declare him/her to be medically able to participate in the activities offered by the Church of the Lakes. I understand that there are risks which may include disabling injury and/or death involved in all physical demands related to the activities undertaken. I agree to hold free from any and all liability the Church of the Lakes and their respective officers, employees, members, volunteers and sponsors and do hereby for myself, my heirs, executors and administrators, waive and release and forever discharge any and all rights and claims for damages which my child or I may have or which may accrue to him/her arising out of or connected with his/her participation in any of the activities of the Church of the Lakes. I have been appraised of and acknowledge the particular hazards in my child's participation in the league. I give my permission to the staff to secure appropriate medical treatment in the case of an emergency. I understand that I am responsible for repairing or replacing any damages incurred to equipment or facilities caused by my child.

\_\_\_\_\_      \_\_\_\_\_  
**Signature**                      **Date**

**If you are under 18, your parent must sign!**

## Team Members

### Player 2

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### Player 3

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### Player 4

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### Player 5

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### Player 6

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### Player 7

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### Player 8

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_