

## Merrill Volleyball Summer League

Thank you for joining Merrill Volleyball's summer league! We are looking forward to a fun and competitive summer season. Please see below for a few details:

- League will start June 10th and end on July 29th
- All games will be played on Monday evenings
- Majority of games will be played at Merrill High School. There will be one week where the high school fieldhouse is closed for summer clearing, we will move to Prairie River Middle School for that date (JV will only play one game that night due to there only being three courts)
- The last play date will be a seeded tournament
- Tournament placement will be based on the teams match win loss record. If there is a tie, we will move to points if needed
- Each team plays each other one time. Any additional matches will not go towards your record for the tournament
- Each match will be two sets
- Play schedule will be similar to club scheduling. This means on any given night teams will play, be off, or have a work assignment.
- Work assignments will include: 2 line judges, an up ref (coach preferred, but not required), down ref, 2 score keepers.
- Substitutions will not be monitored by the work team, coaches can sub in and out as needed.

Here is a [link](#) to the spreadsheet that has the schedule and scores. There are several tabs at the bottom that you might find helpful:

- Varsity/JV Website: shows all of the games
- Varsity/JV Record: shows all of the games, but the ones that are not in color do not count towards the record for the final tournament
- Varsity/JV Scores: I will post finals scores each week

Here is a [link](#) to the website. You can give this link to families or print out the spreadsheet for them. I will update the website weekly with scores and standings.

**Each player should complete the three forms attached. Please have coaches collect them and turn them in on the first night.**

## **WAIVER AND RELEASE OF LIABILITY**

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause serious injury, potential death, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE MERRILL SUMMER VOLLEYBALL LEAGUE.

I hereby take the following action for my child, a) I waive, release, and discharge from any and all claims or liabilities for personal injury or damage of any kind the following person and/or entities: Merrill Area Public Schools or Merrill Volleyball Booster Club ;b) I agree not to sue any of the persons or entities listed above for any of the claims or liabilities that I have waived, released, or discharged herein; and c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

Since applicant is under 18 years of age, a parent or guardian must execute the following for and on behalf of the minor. The undersigned parent and natural guardian or legal guardian of the applicant \_\_\_\_\_ (minor's name) executes the foregoing Waive and Release for and on behalf of the minor named herein. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the person or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I fully consent to my child's participation in the Merrill Summer Volleyball League.

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

**Parent Agreement:**

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian

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

**Athlete Agreement:**

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete

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

## Questions and Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ School \_\_\_\_\_

District \_\_\_\_\_

Check all that apply  
I participate in:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball        | <input type="checkbox"/> Hockey              |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Golf              | <input type="checkbox"/> Volleyball        | <input type="checkbox"/> Wrestling           |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country     | <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics    | <input type="checkbox"/> Tennis            | <input type="checkbox"/> Swimming & Diving |  |
| <input type="checkbox"/> Other _____   |  |  |  |

Name of Current Team \_\_\_\_\_

1. Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_

2. Have you ever experienced concussion symptoms? \_\_\_\_\_ Did you report them? \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Please complete this form and return to the person operating the youth athletic activity.