

2008 Summer League Volleyball

Again, this year Hanford High School, will participate in the Southridge High School Summer League Volleyball from **June 16 thru July 28**. Summer league volleyball will be every Monday at Southridge High School.

All incoming freshmen can participate.

Playing Times: 5:00pm to 9:45 pm, two waves

*First Wave: 5:00pm 7:15pm for Sub-Varsity level teams

*Second Wave: 7:00pm 9:45pm for Varsity level teams.

Location: Southridge High School, Gymnasium, 3520 Southridge Boulevard, Kennewick, WA.

Entry Fee: \$25 per person. Entry fee will be divided between the players. **(HHS does not pay for summer league activities)**.

Mail the completed form and check to.
Hanford High School
Attn: Hanford Volleyball Summer League
450 Hanford St.
Richland, WA 99354

2008 Summer League Volleyball Southridge High School

Individual Release Form

I hereby authorize my child to participate in the 2008 Summer League Volleyball, which is run by Southridge HS Volleyball Booster Club and coaching staff.

I know of NO mental and NO Physical problems which may affect my child's ability to safely participate.

The Summer League staff or her high school coach(s) are authorized to attend to any health problems, or any injuries that may occur while participating at Summer League Volleyball.

I understand that my child must have a current and active medical insurance before she can participate in Summer League Volleyball. Neither my child nor I will hold Southridge HS Volleyball Booster Club and its staff, Southridge High School and its staff, and Kennewick School District and its staff liable for any injuries or expenses relating to injuries while participating in 2008 Summer League Volleyball. I also will be responsible for any damages to the school property that is caused by my child's negligent action.

Note: There will be NO drugs, No alcohol, and NO banned weapons allowed at Southridge HS campus as described by Kennewick School District Policy. If any of the banned items or substances is found on an individual, we will expel that individual from the league, and criminal charges may be filed.

My child and I have read and understand these Summer League Volleyball policies:

Player's Name: _____ DOB: _____

Player's Signature: _____ Date: _____

Parent's Name: _____ Phone: _____

Parent's signature: _____ Date: _____

Emergency Contact Number: _____

This form must be returned to Summer League Volleyball before the athlete will be allowed to compete