

Troy Volleyball

YOUTH LEAGUE



2019:
7 consecutive
GWOC Titles!!!!

The Troy High School Volleyball Coaching Staff is excited to offer the 12th annual Spring Youth League.

WHO: Any girl in grades 3-6 (or 7th graders who have never played), REGARDLESS of school attended.

WHAT: A 7-week comprehensive introduction to the game and skills of volleyball, complete with team games and prizes.

WHERE: Troy High School Activity Center

*WHEN: Wednesday evenings March 11, 18, 25, April 1, 15, 22, 29; 6:30-8 pm.
On Wed. March 11th, registration will begin at 6:00 pm with a brief parents meeting to follow at approximately 6:25.*

COST: \$70 early bird (by March 2nd), \$80 after March 9th-includes instruction, t-shirt, and volleyball.

The purpose of this league is to instill skills and passion for the sport of volleyball to young athletes. The program will be headed by 9- time GWOC Coach of the year Michelle Owen and her staff. Students may register the day of or pre-register early by sending registration form and emergency medical form to: (Make checks payable to Troy Volleyball Parents-Note- there is a \$15 additional fee for any checks that do not clear)

*Michelle Owen
Troy High School c/o Troy Volleyball
151 Staunton Rd.
Troy, OH 45373
Please direct any questions to Michelle Owen 937-974-7840*

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**Troy City Schools
Medical Emergency Form**

Date: _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. Please fill out Part I or Part 2 for consent purposes.

STUDENT NAME: _____ DOB: _____

ADDRESS: _____ GRADE: _____

TROY, OH 45373 if different: _____ GENDER: M OR F

PHONE: _____ Child lives with ___mother & father ___mother ___father ___other

Please fill in the following information for who we should contact in case of an emergency:

CONTACT NAME	RELATIONSHIP TO STUDENT	HOME PHONE	CELL PHONE	WORK PHONE	PLACE OF EMPLOYMENT

Part I To Grant Consent for Emergencies

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted: _____

Parent/Guardian Signature _____ Date _____

Part II - Refusal to Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Parent/Guardian Signature _____ Date _____

STUDENT NAME: _____

GRADE _____ SCHOOL _____

T-SHIRT SIZE(Please indicate Youth or adult) _____

PHONE: _____

In case of an emergency, please call:

at this phone number:

WAIVER AND RELEASE:

In consideration of my child's application being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which my child may have or which may hereafter accrue to them against the Troy High School Girls' Volleyball program, or its or their respective officers, agents, representatives, successors, and/or assigns; for any and all damages which may be sustained or suffered by them in conjunction with their association with or participation in and/or rising out of their traveling to or returning from said Troy High School and/or Troy Junior High School.

Signature (Parents or Guardian)

Date

FORMS AND MONEY MAY BE TURNED IN TO COACH MICHELLE OWEN ON THE FIRST DAY OR MAILED(TO RECEIVE EARLY BIRD DISCOUNT) TO:

Coach Michelle Owen
Troy High School
Athletic Department
151 W. Staunton Road
Troy, OH 45373

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