

April 16, 2009

Dear Coach,

We are sending the information concerning the 5 days of Bethany College Summer League Volleyball. We will be playing on Aug. 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> 13<sup>th</sup> with a tournament on the 14<sup>th</sup>.

We will be playing 2 games in a match. Each match will last approximately one hour. Bethany College Players and Staff will be officiating. We ask that you supply one line judge. At the end of the round robin play we will seed the teams for a tournament. If there is a **2-way tie** we will: 1. go head to head 2. difference of points. If there is a **3-way tie**, we will use difference of points.

**The following items will need to be turned in by July 4<sup>th</sup>: team roster, a copy of each girls insurance, a copy of a current physical (with in the last 12 months), information sheet and \$60 per player. Coaches you can call me at 785-820-1766 and reserve a spot for your team before the 15<sup>th</sup> of June if you want.** We will be playing in the sports center on the campus of Bethany College. There will be no food allowed in the gym area. Coaches will have to decide who will be the on the teams that have 2 teams playing. I ask that you collect everything and send it to me so that I know which teams will be playing. Also the girls that are listed will be the only ones allowed to play. Because we are giving shirts to each team it is important that we have this information no later than July 4th. We will be sending directly to the players their schedule for summer league in August after we have the final count.

This is the second year for our summer league at Bethany College. Playing will allow the girls a chance to get together before the season and start playing and allows the coaches to come and watch their teams to see what is going to have to be addressed as soon as they get to start with them. We will be following the KSHSAA rules. Please indicate if your team is a junior varsity team or varsity team. We will try and put 2 leagues together if we have enough teams for two. Also there should only be **9 players per team**. Please make copies and hand them out to your players. Again we will go on first come first serve.

**If you have any questions please call me at 785-820-1766 .**

**Coach Nathalea Stephenson**



Name: \_\_\_\_\_  
Camp: \_\_\_\_\_

Liability Statement for participants in Bethany College Sports Camp

Parents/guardians of participants: Please read, complete and sign. If there are no health limitations, please write NA or not applicable.

I understand that participation of my child in the Bethany College Sports Camps (tennis, football, volleyball, baseball or basketball) could subject my child to risk of personal injury. Because of these risks, I recognize the importance of my child following coaches' instructions regarding playing techniques, training and team rules, and I agree that my child will follow those instructions. These risks have been considered and relying on my own judgment, I have agreed to allow my child to participate, and I assume all such risks. I certify that my child is in suitable health and capacity that allows my child to participate, subject to the following limitations:

\_\_\_\_\_  
\_\_\_\_\_

Further, if any emergency medical procedures are required for my child, during the scheduled camp period, I give consent to the staff of the Bethany College Summer Programs and/or coaches, for taking, arranging for, and consenting to the procedures in their discretion. I have insurance covering my child for any injuries or illnesses incurred during the camp, and I will pay any costs of any such medical procedures that are not covered by my insurance. In addition, I release and waive, and agree to hold harmless, Bethany College, and all of it's staff, from any and all claims that I, or any other person related to my child, may have, for any losses, damages, or injuries arising out of, during, or in connection with my child's participation in the camp, and related activities, or the rendering of emergency medical procedures, if any. I further understand that violation of Camp rules may result in the dismissal of my child from Camp with all tuition forfeited.

Parent/Guardian's Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Emergency phone Number: \_\_\_\_\_

Authorized person(s) to pick up my child: \_\_\_\_\_

## **ASSUMPTION OF RISK/RELEASE FORM LIABILITY**

I, the undersigned, as the parent or legal guardian of \_\_\_\_\_, bearing Social Security Number (required) \_\_\_\_\_, hereby acknowledge that the aforementioned child is covered by medical insurance as follows:

Name of Policy Holder: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

It is further understood that Bethany College does not provide medical insurance covering injuries of any nature incurred at the Bethany Summer Volleyball Program. The undersigned hereby releases Bethany College, its successors, assigns officers, agents and employees from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation of the aforementioned child in the Bethany Summer Volleyball Program.

Signature of Parent (or legal guardian) \_\_\_\_\_

Date \_\_\_\_\_

**MUST BE SIGNED AND BROUGHT ON OR BEFORE AUG. 10<sup>TH</sup> BEFORE YOU WILL BE ABLE TO PLAY.**

Coaches please gather all the forms and send them in together along with their money. Please make copies and give to your students.

**Information Sheet on Student Athlete:**

Name\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_ Zip\_\_\_\_\_

E-mail address\_\_\_\_\_

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

Coaches Name\_\_\_\_\_

Coaches Phone Number\_\_\_\_\_

Age\_\_\_\_\_ Year in School\_\_\_\_\_

Shirt Size \_\_\_\_\_ Position Played\_\_\_\_\_

School Attending\_\_\_\_\_

Junior Varsity\_\_\_\_\_ Varsity\_\_\_\_\_