**Summer V-Ball League at Appleton North**

**2019 Waiver Form and Information**

Freshmen, JV and Varsity.  All three leagues will be held at Appleton North High School.

**Tuesday Nights**

**June 18, 25**

**July 9, 16, 23, 30**

***Same TImes and Number of Games for Freshmen, JV, Varsity***

**Freshmen @ 5:30 & 6:30**

**JV @ 7:30 & 8:30**

**Varsity @ 3:30 & 4:30**

\*All games will be officiated by the girls and coaches!  No refs! We will be doing this to keep price down and support a trustworthy “call yourself” atmosphere!  I will have a few rules on this, but hopefully everything can be resolved with a level head.

\*Games will start as soon as the last game is done.  We will have all five courts going at once, so this way there is no sitting!  Being on time is very important!

**\*Cost**-$300 per high school (Ex. A. North would pay $300 to have F, JV and V play)

Checks should be made out to: Appleton North High School

**\*Concessions** will be available at North.

**\*Questions** can be directed to Steve Scheuerell-Appleton North Head Coach

E-mail -- sscheuerell13@gmail.com

Cell Phone--(920) 427-8272

Cut and Return to your Head Coach or Coach Scheuerell @ North by the first day of League.

**Please COMPLETE and RETURN the following waiver on the first day of league--June 18th:**

*I am fully aware that bodily injury may occur and hereby verify that I have insurance to cover any injury that may occur.  If injury does occur to my child, I waive all claims against the Appleton Area School District and its agents. Appleton Area School District and its agents are not liable for any injuries or costs resulting from injury.  The emergency contact information listed below is up to date and accurate.*

Athlete's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        F/JV/V:\_\_\_\_\_\_\_\_\_\_ Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_          Zip: \_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: (Primary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_