

8th Annual St. Jude Summer Series Indoor Volleyball League For 5th/6th and 7th/8th Grades

What: Eight (8) week long, eight (8) match indoor volleyball league

Who: -Incoming 5th through 8th graders for the 2018-2019 school year (this year's 4th through 7th grade players)
-Teams should be formed with players from GWAC member parishes. **NO CLUB TEAMS!**
- Open competitive divisions (A and B1) in two age divisions, combined 5th/6th and 7th/8th
- Only full teams will be accepted. **No individual registrations accepted!**

When: Summer 2018 – Sundays from 1pm to 9pm, and Monday, Tuesday and Wednesday evenings in June and July.
Play begins Monday, June 4.

Where: Coordinated and hosted by St. Jude Parish Volleyball Program. Games held in St. Jude's New Gym, 5924
Bridgetown Road, Cincinnati, OH 45248.

Cost & Registration: \$400.00 per team. Checks should be made payable to St. Jude Athletic Association. No email
reservations will be accepted.

REGISTRATION AND CONFLICT SHEET MUST BE RECEIVED BY MARCH 20, 2018
- LEAGUE IS CAPPED AT FORTY (40) TEAMS-

Additional Information

- GWAC league rules will be followed for this league.
- Up to ten (10) uniform jerseys will be supplied per team.
- Please, no outside volleyballs, basketballs, soccer balls, dodge balls, etc. are to be brought into the gym. Volleyballs will be provided by St. Jude for warm-up, time permitting.
- A one (1) referee system will be utilized and line judges will not be required. We would like for parents to be able to sit back, relax, and enjoy watching their daughter play volleyball. Because of this some line calls may be missed and the referee will be instructed to enforce a replay if they did not see something. The referees will be sourced from local high school volleyball programs and this league will help them earn some income over their summer break. **PLEASE BE CONSIDERATE TO THE HIGH SCHOOL REFEREES, VERBAL ABUSE FROM COACHES OR PARENTS WILL NOT BE TOLERATED.**
- Rosters will be required prior to the first match with adult signature for liability waiver.
- Registered teams will determine league structure with competition level of combined grades.
- Register your teams for the grade of the oldest player in the 2017-2018 school year.
- Three (3) sets will be played every match.
- The league champion will be determined by the number of matches won throughout the season.

*****For any additional information please contact Jamie Byrne at (513)746-0000 or jlwbyrne@gmail.com*****

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REGISTRATION FORM

-----PLEASE PRINT CLEARLY-----

Coach Name:	Coach Email:
Team Nickname:	Coach Cell Number:
School Attending:	Team Age Level [<input type="checkbox"/>]5th/6th [<input type="checkbox"/>]7th/8 th
Competition Level Preferred (no guarantee): [<input type="checkbox"/>] A Level [<input type="checkbox"/>] B1	
Shirt Sizes (specify quantity of each): [<input type="checkbox"/>]YL [<input type="checkbox"/>]AS [<input type="checkbox"/>]AM [<input type="checkbox"/>]AL [<input type="checkbox"/>]AXL Preferred Color:	

Please list any and all reasonable conflicts below (i.e., parish festivals).

We will do our best to accommodate your needs, but no guarantees are made. Conflicts not included on this form will not be considered. Please be aware that once the league schedule is set, changes cannot be made.

CONFLICTS	
Week One 6/4-6/6	
Week Two 6/10-6/13	
Week Three 6/17 - 6/20	
Week Four 6/24-6/27	
Week Five 7/1-7/5	No games on 7/3 or 7/4. Games may be scheduled on Thursday, July 5 if needed to accommodate all teams.
Week Six 7/8-7/11	
Week Seven 7/15-7/18	
Week Eight 7/22-7/25	

(1)
ROSTER FORM

By signing below I grant permission to allow my daughter(s) to play volleyball in the St. Jude Summer League, and I will be responsible for any damage she may cause to any equipment or gym facilities, including financial compensation for repair or replacement costs.

I hereby release St. Jude Parish and School, the St. Jude Athletic Association, its agents, employees, officers, administrators, managers, coaches and assistant coaches from all claims for all personal injuries and injuries to property caused by or arising out of the activity.

I certify that I am the parent/guardian of the player named below and that to the best of our knowledge; she is physically fit to participate in said activity. I understand that it is the responsibility of each parent/guardian of

<u>PLAYER NAME (PLEASE PRINT)</u>	<u>PLAYER SIGNATURE</u>	<u>PARENT/GUARDIAN SIGNATURE</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

<u>TEAM NICKNAME</u>	
<u>COACH NAME:</u>	
<u>COACH SIGNATURE:</u>	

Please return completed Registration Form and \$400 payment to:

SJAA
c/o Jamie Byrne
6414 Greenoak Drive
Cincinnati, Ohio 45248