

# 2010 BOYS AND GIRLS VOLLEYBALL REGISTRATION FORM

Dear Parents/Guardians,

The Swallow School is sponsoring separate boys and girls volleyball teams for 6<sup>th</sup> through 8<sup>th</sup> grades. Swallow's teams will compete this spring in the Arrowhead Middle School Athletic Conference (AMSAC).

Practices will be held at rotating times after school Mondays through Thursdays. Additional practices may be scheduled by coaches at their discretion, assuming that the gym is available. A detailed schedule will be handed out at the first practice.

Games are also held on varying days after school Mondays through Thursdays. Games will generally be held at 4:30 or 5:30 p.m. and occasionally, 6:30 p.m.

The season begins with practice on March 15<sup>th</sup> and ends with the AMSAC tournament at Arrowhead on May 7<sup>th</sup> for the boys and May 13<sup>th</sup> for the girls.

The fee for volleyball is \$75.00 per participant. **Please read, sign, and return the attached permission slip with payment by Friday, February 5<sup>th</sup> to the school office.** Please direct any questions to Michelle Ferris.

At this time, Swallow is seeking coaches for the teams. Please sign the attached form if you are interested in a coaching position.

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## *Important Dates*

**Sign-up Deadline:** February 5, 2010  
**Practice Begins:** March 15, 2010  
**Games Begin:** Week of March 29, 2010  
**Tournaments:** Boys – May 7<sup>th</sup> & 8<sup>th</sup>  
Girls – May 13<sup>th</sup> & 15<sup>th</sup>

## **2010 Boys and Girls Volleyball Registration** **(Due by Friday, February 5th in the school office)**

I give my son/daughter, \_\_\_\_\_, who is in \_\_\_\_ grade, permission to participate in Swallow volleyball. I have read the information above and understand that I am responsible for my child's transportation to and from all practices and games. I have included my check for \$75.00, **made payable to Swallow School.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Date**

\_\_\_\_\_

### Are you interested in coaching?

I, \_\_\_\_\_, am interested in coaching the \_\_\_\_ grade \_\_\_\_ girls \_\_\_\_ boys volleyball team. Please contact me at \_\_\_\_\_ to schedule an interview for a head coach's position.

I, \_\_\_\_\_, am unable to head coach; however, please contact me at \_\_\_\_\_ to assist.

# SWALLOW SCHOOL ATHLETIC CODE OF CONDUCT

1. I understand that it is a **privilege** to participate in athletics.
2. I understand that I represent myself, my family, my school and will conduct myself in a **positive** manner at all times.
3. I understand that I must adhere to **all school rules at all times**.
4. I understand that I must **meet high academic standards** set for all students.
5. I understand that I must adhere to **all rules at all times** for athletes set by the school Athletic Director.
6. I will be respectful of Swallow School property, equipment and uniforms. I will also use this same respect towards my opponent's property, equipment, etc.
7. I understand I must remain **respectful** of all referees, coaches, teammates and opponents.
8. I understand that if I miss school I cannot attend the practice/game that same day.
9. I understand that **use or possession** of any tobacco, alcoholic or drug substance is strictly forbidden and will result in the immediate removal from the team, as well as other school sanctions.
10. I understand that **my responsibility** is to be a fine young person, a good student, a competitive athlete and in that order.
11. I understand that an Administrator/Athletic Director can remove me from a team and/or from all athletic programs at any time if they decide the situation warrants it.

I have read, understand and pledge to abide by all the regulations and expectations set down for all athletes by my school, Athletic Director and my Coaches.

\_\_\_\_\_  
(Student Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

Date: \_\_\_\_\_

**Swallow School District Athletic Health Form**

Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone #: \_\_\_\_\_ Parents cell phone#: \_\_\_\_\_  
Personal Physician \_\_\_\_\_ Phone # \_\_\_\_\_

In Case of Emergency, contact information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Insurance carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Swallow School Staff/Parent Coaches, and any of the aforementioned individuals, have the right to release/seek medical attention in the event of an emergency situation.

Parents/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Health Information:

1. Has a doctor ever denied or restricted your participation in sports for any reason?  
Yes  No
2. Do you have any ongoing medical condition (like diabetes or asthma)?  
Yes  No
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?  
Yes  No
4. Do you have allergies to medicines, pollens, foods or stinging insects?  
Yes  No
5. Have you ever passed out or nearly passed out DURING exercise?  
Yes  No
6. Have you ever passed out or nearly passed out AFTER exercise?  
Yes  No
7. Do you cough, wheeze, or have difficulty breathing during or after exercise?  
Yes  No
8. Have you ever used an inhaler or taken asthma medicine?  
Yes  No
9. Do you have any problems with bones, joints, ligaments or tendons?  
Yes  No
10. Do you have any heart related problems/defects/symptoms?  
Yes  No

11. Do you see a doctor for a chronic or ongoing medical problem?

Yes  No

12. Have you been diagnosed with a skin infection within the past year?

Yes  No

If you have answered “yes” to any of the above questions, please explain your answers in detail. Remember this information is pertinent to pass on to EMT’s in the event of an emergency situation, so please be specific.

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If you have a doctor’s order to take any emergency medication such as Epi pens, inhalers, or seizure medication, (etc.) you will need to provide a written physician order for such, and provide the above medication to be kept in the coach’s first aid kit. (Which will travel with the player for away games.) (Medications will be returned at the close of the season). The following is a list of medications my child will be keeping in the coaches first aid kit along with a physician’s order with directions on how and when to use.

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If the aforementioned physician is different from the physician ordering the emergency medication please include their name and number:

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If you have any other pertinent family medical history to provide or any other information that might keep the players safe and the coaches informed, please include that information here.

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I understand that the school’s insurance does not cover any injuries that may occur from this activity.

I agree the above information is accurate and complete and release Swallow School District from any accident/injury/illness related liability.

Parents/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_