

# Marshall Youth Summer Volleyball League 2024



**Location: 565 S Odell Ave. Marshall MO (Bueker Middle School)**

**Teams: 6th/7th/8th Grade**

**Dates: June 12th, 19th, 26th + July 10th**

**Time: 5pm-7:30pm**

**Cost: \$20 per player**

**ALL athletes must sign and complete the consent/release form to be eligible to participate. Money and forms are due the first night of league prior to participation.**

**League Format: Teams will play 2 games a night starting at 5:00pm. Matches will be 2 games to 25 starting at 4-4. Each match has a 30 minute time limit including warm ups. Unlimited substitutions. Teams will have officiating duties when they are off. The first game for each team will be a 1-3-3 warm up (1 shared, 3 minutes serving team, 3 minutes receiving team) and games to follow will not have a warm up.**

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## CONSENT/RELEASE FORM

*Each player must complete this form and have a current physical on file prior to participation.*

Name of Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attending in 2024: \_\_\_\_\_

Grade as of 2024: \_\_\_\_\_

*League fee is \$20.00 per player, checks payable to Marshall High School.*

## CONSENT/RELEASE FORM

*I am aware that Marshall School District is sponsoring a summer volleyball league. I release and discharge the Marshall School District, it's employees, and the City of Marshall from all debts, claims, demands, injuries, actions, damages, causes of action, judgements, or suits of any kind of nature.*

*Informed Consent: By it's nature, participation in interscholastic athletes includes risk of serious bodily injury and transmission of infectious diseases such as HIV, Hepatitis B, severe acute respiratory syndrome (COVID-19) and/or any mutation or variation thereof. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.*

**CONSENT/RELEASE FORM**

***PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA-SPONSORED SPORTS WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.***

**Name of athlete (printed):** \_\_\_\_\_

**Name of athlete (signed):** \_\_\_\_\_

**Name of parent (printed):** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_

**Parent phone #:** \_\_\_\_\_

**Emergency contact phone #:** \_\_\_\_\_

**Name of Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_