

GIRLS VOLLEYBALL CLINIC



Tahoma Learning Community is looking for players interested in learning the basics of volleyball in a recreational atmosphere. These basics include serving, passing, setting, spiking, learning the rules and positioning on the court. The clinics will include practice and games for beginning volleyball players as an introduction to the sport. This is for girls in the 4th, 5th, or 6th grades. Volunteer parents will coach the teams. Bring water bottle and wear gym shoes, shorts and knee pads. Space is limited to the first 100 girls, register now!

REGISTRATION DEADLINE IS 3/19/2010. (Teams may be full before this date)

COURSE: SP40.310 DATE: 04/12/2010-05/24/2010 MON & WED
 TIME: 6:00 PM-9:00 PM All teams attend whole session the first two weeks... Then will be assigned times by teams/age groups for the remainder of the session.
 LOCATION: TJHS GYM AGE: GIRLS in 4th, 5th, and 6th grade.
 FEE: \$75/player (includes team t-shirt)

Return registrations to the Tahoma Learning Community
 25720 Maple Valley/Black Diamond Road SE Maple Valley, WA 98038
Call TLC @ 425-413-3405. Or Fax registration to 425-413-3455

****Complete both sides of this form for registration and return to TLC by 3/19/2010!!****

Child's name _____ Age _____

Childs School _____ Grade _____

Did player play last year? _____ Team _____ Coach _____ Same: Yes ___ No ___

Friends you would like to be with (NO GUARANTEE) _____

Parent Name _____ Home Phone _____

Email Address (PRINT CLEARLY PLEASE) _____

Each year a photo of the entire Volleyball League is sent to local papers (MV Reporter/Voice of the Valley)
 Check here if you **DO NOT** want your child's picture/name released to local papers.

T-Shirt size: Youth M _____ Youth L _____ Adult S _____ M _____ L _____ XL _____

Volunteer: Coach _____ Asst Coach _____ Team Parent _____ (Please include your t-shirt size above)

Registration fee: \$75 _____

Payment: Cash _____ / Check No. _____ or use credit card on E-Funds _____

MEDICAL RELEASE ON BACK MUST BE COMPLETED TO PLAY 

ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE

Parents please fill out this form and sign at the bottom.

As a parent or guardian of a student requesting to voluntarily participate in the Volleyball Clinics through the Tahoma Learning Community, I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for (**Print Full Name**) _____ who attends _____ school to participate in the Volleyball Clinic through the Tahoma Learning Community.

Grade: _____ Girl or Boy (Check One)

Street Address _____ City _____ Zip _____

Home phone _____ Cell Phone _____

Date of birth: _____ Family Physician _____ Dr. Phone #: _____

Medical conditions, medication information or allergies district should be made aware of: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name _____ Phone Number _____

Name _____ Phone Number _____

I acknowledge that this activity entails known and unanticipated risks, which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I certify that my child has no medical or physical conditions, which could interfere with his/her safety in this activity. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge/volunteer coach to obtain emergency care for my student, neither she/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I have read the attached itinerary and code of conduct (detailing dates, places, events, etc.) and understand that the Tahoma Learning Community will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

Signature of parent /guardian _____ Date _____

Tahoma School District—Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches "Pressure in head" Nausea or vomiting Neck pain Balance problems or dizziness
- Blurred, double, or fuzzy vision Sensitivity to light or noise Feeling sluggish or slowed down
- Feeling foggy or groggy Drowsiness Change in sleep patterns Amnesia "Don't feel right"
- Fatigue or low energy Sadness Nervousness or anxiety Irritability More emotional Confusion
- Concentration or memory problems (forgetting game plays) Repeating the same question/comment

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Athlete Name Printed: _____ Athlete Signature: _____ Date: _____

Parent/Legal Guardian Printed _____ Parent/Legal Guardian Signature _____ Date _____