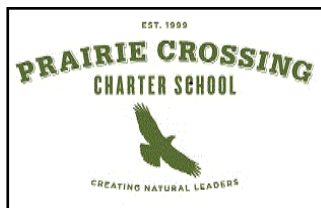


Prairie Crossing

Charter School

Volleyball Program

2016-2017 Intramurals - COED



Volleyball Overview:

The Prairie Crossing Coaching Staff will be providing new and experienced volleyball players with an opportunity to train in a structured learning environment. Training emphasis will be on developing proper kinesthetic movements with the volleyball, technical skill development while providing intra squad game play for all students. Volleyball players will learn how to do passing and setting to teammates, understand rules and expectations in training and competitions, proper body mechanics for serving, learn proper roles of each positions, develop confidence with the ball under game pressure, and because you want to get better!

Areas of Concentration:

- Confidence • Team Attacking & Defending • Passing & Setting • Serving
- Rules & Game Expectations • Player Positions • Speed • Agility • Strength

PCCS Gym **Wednesday** Training Location:

- Registration Deadline is Wednesday, October 26, 2016

Session	Grades 5-8
Fee	\$200.00
Boys & Girls	Coed
Training Sessions	20
Time	3:45pm-5:00pm
Wednesday Dates	November: 9, 16, 30 December: gym not available January: 4, 11, 18, February: 1, 8, 15, March: 1, 8, 22 April: 5, 12, 19, 26 May: 10, 17, 24, 31

Please Bring These Items to
Business Office to Participate:

- **Registration/Consent Form**
- **Full payment** made payable to (Prairie Crossing Charter School)
The volleyball fee is to be used to update and enhance the athletic programs at Prairie Crossing Charter School.

Athletic Director,
Jim Coonan 847-543-9722
jcoonan@pccharterschool.org

Head Coach,
Chris Loustaunau (PE/Health)
cloustaunau@pccharterschool.org

Prairie Crossing Charter School, 1531 Jones Point Rd, Grayslake, IL 60030

www.prairiecrossingcharterschool.org

Prairie Crossing Charter School

Volleyball Program
2016-2017 Intramurals - COED



Registration/Consent Form

Grade Level	Please circle	5	6	7	8
Date of Birth	Month:	Date:		Year:	
Player's Name:					
Address:					
	City:	State:	Zip Code:		
Mother's Name:				Cell Phone:	
Father's Name:				Cell Phone:	
Email Address:					
Email Address:					
Emergency Contact:				Cell Phone:	

Does the player have any disabilities, handicaps, present injuries, or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical illness that might affect his or her participation in the sport of soccer?

NO YES (Please explain) _____

Participation Agreement and Liability Release

Consent and Release

I acknowledge that volleyball is a contact sport, which involves the possible risk of injury; I consent to my child's participation in the Prairie Crossing Charter School Volleyball Program (PCCSVP). I, individually, and on behalf of my child, do hereby release and forever discharge PCCSVP, its shareholders, officers, members, coaches, directors, agents, and representatives from any and all liability of whatever nature relating to or in any matter arising out of my child's participation in any and all programs offered by the PCCSVP. I agree to hold the PCCSVP harmless and indemnify that personal injuries can occur before, during, and after volleyball games or practices by reason of field preparation and conditions, equipment conditions, and contact with participants, PCCSVP personnel and spectators. This release shall apply to any personal injury or other loss whether or not reasonably anticipated, expected, or contemplated at this time. This release is indemnification shall be binding upon my personal representatives, heirs and assigns.

Parent or Guardian Signature

Date