2017 Brook Hill Summer League

Who: Girls entering 6th-12 grade (2017-2018)

When: Tuesday, June 6

> Tuesday, June 13

> Tuesday, June 20

> Tuesday, June 27

> Friday, June 30th (tournament)

Time: 5:00 pm

Where: The Brook Hill School   Contact: Candise Wise

> 1051 North Houston Street   cwise@brookhill.org

> Bullard, TX 75757   (318)455-4842

Price: CASH ONLY--- $45 per player (includes shirt), minimum of 6 players.

> Deadline to register- May 1st

> Late registration- May 22nd $50.00 (will not include shirt)

*Schedules will be emailed end of May

*Registration form, waiver, and payment should be mailed to:

> Attn: Candise Wise

> 1051 N. Houston Street

> Bullard, TX 75757

*Extra shirts may be purchased for $10.00 (deadline for shirt order: May 1st)

Rules:

-Teams will play 2/25 and be required to referee a match

-Your team must be ready to play at game time.

-Players who have not registered or filled out a waiver may not play

-Concession will be provided

-All teams will have a referee duty: lines, scorekeeper, libero tracker.

**If your team neglects to referee it will count as a loss for that night.

-Win/Loss will be kept and championship will be determined on [insert date]

-3 divisions: Upper classman (Div. 1), Freshman/8th (Div. 2), 7th/6th (Div. 3)

BROOK HILL

VOLLEYBALL SUMMER LEAGUE

WAIVER FORM

(one per player)

*Return this form to your coach with your payment.

Player Name: _____

Cell Phone: _____   Team: _____

Coaches Name: _____   Coaches contact: _____

T-Shirt Size (Adult): _____   Grade in Fall 2017: _____

Division playing in (circle): Div. 1   Div. 2   Div. 3

Make payments to: Brook Hill Volleyball

I give permission for my child _____ to participate in the Brook Hill Summer League. She is physically able to participate in the league activities. I authorize Brook Hill to act for me in an emergency situation requiring medical attention. I will be responsible for any cost incurred due to sickness or injury to my child. I hereby waive any claim I might have against Brook Hill.

Signature of Player: _____   Date: _____

Signature of Parent: _____   Date: _____

Emergency Contact:

Name: _____   Phone: _____