

# Digging It!! Youth Volleyball

## Skills Training and Games Winter/Spring 2019

Grades K4 – 4<sup>th</sup> Girls & Boys welcome!!

Session I 2019: Tuesday – January 8, 15, 22, 29 & February 5, 12

Times: 4:15-5:45pm

Session II 2019: Tuesday -- February 19, 26 & March 5, 12, 19, 26

Times: 4:15-5:45pm

**Location:** Center Court 815 Northview Road, Waukesha, WI 53188

### Digger Youth

#### Format:

60 min - of skill development, footwork, ball control, court related movement, hand-eye coordination, agility drills, and more-  
30 min - of volleyball games or similar game like drills

**K5 Grade: \$75 for the 6 sessions**

This level is designed for kids who are new to the game. We will utilize the First Touch ball 140 series which is light and soft preventing soreness of the forearms.

**1<sup>st</sup>-2<sup>nd</sup> Grade: \$75 for the 6 sessions**

This level is designed for kids with basic knowledge of the game and may have participated in a previous Digging It program. We will utilize the First Touch ball 140 series.

**3<sup>rd</sup>-4<sup>th</sup> Grade: \$75 for the 6 sessions**

This level is designed for kids who participated in a previous Digging It program. We will utilize the First Touch ball 270 series.

#### T-Shirt:

**\$10 for program shirt** Participants in the program should purchase a 2019 Digging It Shirt for the season. Same shirt is used for the entire series, only need to purchase one. Please add to your cart on line or include with your payment. Group pictures will be taken each session.

Please complete the information below and return along with payment to:

Midwest Penguins Volleyball, N27W22444 Burningwood Ln, Waukesha WI 53186

**Deadline to register is: 1 Week prior to the session starting date for scheduling  
Walk in's will be welcome also.**



<b>Circle Session(s)</b> <b>\$75 each</b>	Session I Starts Jan 8	Session II Starts Feb 19	Number of Sessions _____	Payment \$_____
<b>Circle Shirt Size</b> <b>\$10</b>	<b>Youth Size</b> S M L	<b>Adult Size</b> S M L	One shirt for any and all sessions.	Payment \$_____

Name of Child: \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Medical Information: - Please list and explain specific health concerns including physical limitations/restrictions:

State any specific instructions for medical care and emergencies:

I verify that my child has been checked by a licensed physician and is physically able to participate in the Volleyball camp. I have read and am aware of concussion symptoms and will complete necessary release. I agree there is potential for injury in an event like this. I agree if any concussion like symptoms appear, participation will cease until medical clearance. Should any injury to my child occur, I assume full responsibility and costs related to injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Midwest Penguins Volleyball - PARTICIPANT RELEASE OF LIABILITY**

**Sep. 1, 2018 through Oct 31, 2019 -- READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, BUT NOT GROSS NEGLIGENCE OF THE RELEASEES; or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Midwest Penguins Volleyball LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT AND INDUCEMENT.

X \_\_\_\_\_  
Participant's Signature                      Age                      Date

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE  
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_  
Parent/Guardian Signature                      Date                      Emergency Phone Number(s)