

Elizabeth Seton Volleyball Championships Coach Check-in (Daily)

Coach Name (print): _____

School: _____

Date (circle): Mon 10/27 Tues 10/28 Wed 10/29 Thurs 10/30 Fri 10/31 Sat 11/8 Sun 11/9

Division (circle): Girls Division 1 Girls Division 2 Boys Division

____ Check here is all players are present and eligible today

List all players unable to play and the reason

Jersey #	Player Name	Injured	Sick	Absent	Ineligible

I acknowledge the following policy of the Archdiocese of Milwaukee: " Local administrators and athletic associations shall create policies that provide for participation by all team members in all league and tournament games. This includes the Seton Volleyball Championships and the Padre Serra Tournament. A game is defined as a match in volleyball, four (4) quarters in basketball, two (2) halves in soccer, etc." (Archdiocese of Milwaukee Athletic Policy Manual p. 13). I hereby agree that my school's playing time policy abides by this rule and that no eligible player will sit out an entire match (best 3 out of 5 sets) or for 3 consecutive sets/games (pool play). I understand and acknowledge that failure to comply with the Archdiocesan policy or the guideline stated above will result in my team forfeiting the match (game scores will be changed to 0-25 per game in bracket play and 0-19 or 0-21 in pool play). Any rostered players who are unable to participate due to illness or injury should be reported in advance of matches to the Tournament Directors each night. Any appeal of forfeiture must be made by the head coach the evening of the violation of this policy. Final decision of any appeal of forfeiture due to non-compliance of this policy rests with the Tournament Director or Committee designee in consultation with the Tournament Committee, and teams will be notified of any appeal decision prior to their next match (bracket play) or the next evening they are scheduled to play (pool play). I understand that losing teams may be recalled into the tournament if a winning team is in direct violation of this policy.

Head Coach Signature: _____

Date: _____