

Dear Parents and Future Volleyball Stars:

IT'S NOT JUST A GAME, IT'S A *PASSION*.



# Fall Youth Volleyball *Program*

► **Lomira Representative:**

Angel Schrauth  
P.O. Box 919  
1030 4th Street  
Lomira, WI 53048  
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We would like to invite you to be part of the exciting Youth Volleyball Program training team. This program is open to any incoming 3rd or 4th grade girls from Lomira that are interested in playing volleyball. If there are any boys that are interested, they could also play upon request. Approval is needed by the Representative for your school in order for this to happen. The teams from each school will have one practice each week of the season and will play against another team one, possibly two Saturday mornings at the during the season. The date and location will be determined after registration and will be shared by the team coaches. Practice schedules will be handed out by coaches. Sincerely,

Youth Volleyball Association

## General Information (additional information on the back of the form):

- **Goal:** to teach young athletes the skills and fundamentals of volleyball while helping them to grow to love the sport. Positive coaching is a point of emphasis for our youth coaches!
- **Benefits:** As with all youth programs, we are only as good as our volunteer coaches. High school programs benefit greatly from having strong youth programs. We, as coaches, value all of your support. Let us know if you could coach your child's team.
- **Volunteer Coaches:** To be considered for a volunteer youth coaching position you must check the box on the registration form below. Representatives will contact you about coaching availability and required meetings/clinics. It will be fun!
- **Registering:** Please fill out the following form. Please return the registration form and payment to the Lomira High School Office (address above), Attn: Volleyball by **July 31, 2019**. The **cost is \$25**. The fee and form need to be turned in at the same time.
- **After the registration period has closed (July 31, 2019):** a coach or representative will contact your family with information regarding your team and the season. Each team will have an informational meeting to begin the season.



Participant's Name

Parent/Guardian Email

Grade your child will be **going into** for the

2019-2020 school year: \_\_\_\_\_

Parent's/Guardian's Names

Parent's/Guardian's Preferred Phone

I give my child, \_\_\_\_\_, permission to participate in the 2019 Fall Youth Volleyball Program Training Team. In case of an injury or accident, the public schools associated with this program and/or assigned coaches will not be held responsible or liable. The child's insurance carrier will bear the cost.

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

Registration Form Due: July 31, 2019



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## Additional Information:

**Start:** Practices will begin the week of **September 2, 2019**

**Game Day:** The teams will play each other on **one or two Saturdays in September/October**. The location will be determined once schedules for the Fall Youth Volleyball Program league (5th—8th graders) are set. Coaches will notify families.

**Times:** Games will be played between 9 am and 12 pm that day. Again, times will be set once all schedules are created. Coaches will notify families.

**Volleyballs:** Volleyballs will be provided by the Fall Youth Volleyball Program. Volley-lite volleyballs will be used.

**Youth Night:** Each school will have "Youth Night" at a home game to celebrate the players in the Fall Youth Volleyball Program. Information regarding this event will be shared with teams by coaches.

**End:** The season is over after the last game day, for sure by October 19th.

**Information:** Please inform the Fall Youth Volleyball Program of any specific health concerns that need to be identified for your child. Those can be listed at the bottom of this form.

**Coaching:** If you are interested in coaching your child's volleyball team, you must check the box on the portion of the Registration Form that gets handed in.

**Payment:** Please contact the appropriate Representative if you have any questions regarding payment scheduling. The \$25 is due at the time of registration. Please make checks payable to the School District of Lomira.

T- Shirt Size for your child: (circle one)

Youth: XS      S      M      L

Adult: S      M      L      XL

☐ I would be interested in coaching my child's team.

Please list any health concerns for your child in the space provided: