



Volleyball

4th -6th Grade

Season: **Monday, August 27, 2018 – Late October**
(Season End Date TBA)

Practice Schedule: **Mondays and Thursdays**
3:30 pm – 4:30 pm (No Practice on Holidays)

Team Fees: **\$60 due at registration** (make check payable to Cedarwood School)

Practice Attire: T-Shirt, Shorts, Knee Pads, and Volleyball/Cross Training Shoes (No Running Shoes)

Game Attire: Uniform issued by Cedarwood School
Athletes must provide their own knee pads, and volleyball/cross training shoes (No Running Shoes)



Moderator: **Tori Swift** – will supervise all practices and games
(tswift@cedarwoodschoo.com)



Consulting Specialist: **Coach Grant Lange** – will conduct clinics and drills for the players.

Grant Lange exclusively trains high performance volleyball athletes for power generation, volleyball hitting mechanics, read/reaction defense, and injury prevention. Grant is USAV BCAP1 and IMPACT certified, and has coached volleyball for 20 years at the club and collegiate level. His collegiate career was played at the University of Illinois and Western Washington University; he continues to play in the men's USAV open division and travels to national tournaments when his schedule allows.

This year during Volleyball the athletes will learn proper volleyball mechanics, effective game situations, and increase strength and conditioning. My goal is for the team to participate in several games throughout the season. The form below must be completed and returned with payment **no later than Monday, August 27, 2018.**

Questions: Please contact Morgan Spencer at [mspencer@cedarwoodschoo.com](mailto:m Spencer@cedarwoodschoo.com)

*Please note- in order to be a part of the team, and to be eligible to be recognized in the spring athletic banquet, athletes must participate in at least 75% of league sanctioned events.

----- Cut out and return to school -----

Please submit fee due with this Registration Form. Otherwise payment will be deducted by implementing your Direct Payment Authorization on file with the Financial Office.

4th - 6th Grade Volleyball Registration

Athlete's Name: _____ Grade: _____

Parent's Name: _____ email: _____

Cell phone: _____

My athlete has permission to be a member of Cedarwood's Volleyball team. I understand that participation on the team is a commitment and my athlete will attend weekly practices and scheduled games. My athlete also has permission to attend home and away games. I understand that it is my responsibility to see that my athlete is safely transported to each game and picked up after each practice/game. I understand that my athlete must attend school on the days of practice and games in order to participate in that day's scheduled practice/game. I understand that this school activity will be directly conducted and supervised by the coaching staff of Cedarwood School. In the event of an emergency, I understand that the school will make an immediate attempt to contact a parent. If a parent cannot be reached, the emergency numbers on my child's record will be called. If this fails, the director or teacher on duty will take the child to the doctor on record or to the nearest medical facility.

Parent Signature _____