

SUMMER LEAGUE 2024

REGISTRATION OPENS WEDNESDAY, March 13th.

for Current 8th graders AND current PHS students

WHAT: HS Summer VB League

WHEN: May/June 2024- *See Below*

WHO: Incoming 9th -12th Prairie High

WHERE: Heritage High School/ PHS

REGISTER AT: Prairie ASB Office

COST: \$40(includes t-shirt)

***Varsity**- Tuesday and Thursday evenings 7:30-9:00. Exact times and dates:TBD. Normally starting after Memorial Day and ending the third week of June. Location at PHS(if we only have one varsity team). If we make two varsity teams, each varsity team will take turns playing at HHS & PHS.

*We will determine what level teams and number of summer league teams we will have based on the number of athletes who sign up.

***JV2 & Freshman**- Normally Monday and Wednesday evenings 6:30-8:00 starting after Memorial Day and finishing mid June. Location at Heritage HS.

****ALL DATES/TIMES CAN BE VIEWED HERE (once we receive details from HHS:**

<https://www.phsvolleyball.com/calendar>

*****Submit completed form (FRONT & BACK) and \$40 payment to the Prairie High School ASB office. Registration Deadline is Friday, March 29th, 2024 OR when teams fill.**

Teams will be filled on a first-come, first-served basis.

Player Name: _____

ADULT T-shirt size (circle one): S M L XL

Grade in FALL 2023: 9th 10th 11th 12th

Player Email: _____ **Player Cell:** _____

Positions Played: _____

Dates UNABLE to attend summer league: _____

****SPACE IS LIMITED, AND WE PREFER ABSENCES ARE KEPT TO A MINIMUM!**

Parent/Guardian(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

PARENT/GUARDIAN Email address: _____ **TURN PAGE**

MEDICAL EMERGENCY AUTHORIZATION FORM

Name of Student Athlete: _____

Emergency Contact Information:

Parent/Guardian Name #1: _____

Home Phone: _____ Cell: _____

Parent/Guardian Name #2: _____

Home Phone: _____ Cell: _____

Emergency Contact Person (other than listed above):

Name: _____ Relationship to Athlete: _____

Home Phone: _____ Cell: _____ Family

Physician's Name: _____

Phone: _____

Insurance Company: _____

ID#: _____

I give my daughter permission to participate in the summer program for volleyball. As Parent or Legal Guardian, I authorize the team physician or, in his/her absence, a qualified physician to examine the above-named student and in the event of injury, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of an injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

(Parent/Guardian Signature) (Date)

***All players will receive an email from the coaching staff after May 8th with more information. ***

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