

Dear student athletes and families,

Welcome to the 2018 season of Chapman Volleyball. I am excited to get started and am looking forward to a successful season. This letter is to review some important information, policies, and expectations for Chapman Volleyball players.

ELIGIBILITY:

In order to participate in volleyball, all girls must:

- Turn in all required paperwork and sports fee to the Chapman School Office
- Get their eligibility card signed by all teachers each Friday
- Have good sportsmanship and a positive team attitude

PRACTICE:

Volleyball practice this year will be in the Chapman School Gym from 2:40 - 4:00, Monday - Thursday. There will be no practice on Fridays. Players are expected to be at practice each day unless they are out of town, sick, or have a doctors appointment. Players need to be at school and practice the day before a game to be able to play in the game the following day. It is important that athletes are dressed out in volleyball-appropriate gear and ready to begin on time. Athletic shorts, shoes, a t-shirt, and knee pads are highly recommended. Chapman school has knee pads for players that do not have their own pair.

GAMES:

When all of our season games have been scheduled I will send out a schedule. Since we are a small school and do not have funding for busses to go to extracurricular activities, parent drivers will be needed for each game.

Thank you for taking the time to read through this information. Please feel free to contact me regarding any questions that you have or ones that arise during the season.

My email is: vwilcox@kpbsd.k12.ak.us or you can reach me by phone at (530)598-1843.

Sincerely,

Vanessa Wilcox
2nd/3rd Grade Teacher
Chapman School

APPENDIX A

CO-CURRICULAR PARTICIPATION CONSENT FORM
MIDDLE SCHOOL WARNING, ASSUMPTION OF RISK
And
HOLD HARMLESS AGREEMENT

This form affects your legal rights and responsibilities. Please read it carefully before you sign it and ask questions if there is anything you do not understand.

Student Name (Please Print) School Date

FOR ALL SPORTS AND ACTIVITIES

I understand that all co-curricular activities have a certain degree of risk. I also understand these risks may include injury ranging from minor sprains and contusions, to major injury, possible paralysis, or even death. I understand the possibility of serious injury may impair my future abilities to earn a living; to engage in other business, social and recreational activities; and to enjoy life generally.

Having read and understood the above warning, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, and I agree to obey such instructions.

I have read the Kenai Peninsula Borough School District activity guidelines and understand their contents. I understand that the Kenai Peninsula Borough School District and Alaska School Activities Association will not assume responsibility for injuries sustained in the co-curricular programs. I also understand that primary accident insurance coverage is my responsibility. I give consent for emergency treatment to be administered to my child. I also authorize the school to transport my child for any co-curricular activity.

Except for claims arising from the sole negligence or willful misconduct of the school district, I hereby agree to hold the Kenai Peninsula Borough School District, its employees, representatives and coaches, harmless from any and all liability, actions, debts, or claims of every kind whatsoever which may arise by or in connection with participation of my child/ward in activities related to the above mentioned middle school programs. The terms hereof shall serve as a release for my heirs, estate, executor and all members of my family.

Having read the above warning and having understood the dangers and potential risks involved in playing or practicing these activities, I give my consent as the parent/legal guardian of _____ (student's name) to participate in the following program (circle one only):

XC Running Soccer Basketball Volleyball Wrestling Nordic Ski Track

Student Signature Grade Date

Parent/Legal Guardian Signature Date

Note: If you are a KPBSD Connections student, you must obtain the signature of the Connection's Program Director for each activity you participate in and leave a copy of this form in his/her office.

Connections Program Director Signature Date

MIDDLE SCHOOL
CO-CURRICULAR PARTICIPANT USER FEE CONTRACT

Student Name (printed) School Grade Date

Activity Fee Obligations

In an effort to supplement available state and District funds for our co-curricular programs, a fee will be collected from student participants. This revenue will be used to cover travel and official costs, additional coaching salaries, as well as replacement of equipment and uniforms. The student shall pay the appropriate fee by the beginning of the activity in order to participate. In the case this deadline cannot be met, the student must make specific arrangements with the athletic director. Payment of the user fee provides for participation only and does not guarantee playing time in competitions, or any similar guarantee.

ACTIVITY FEE CHARGES

Middle school students shall be charged \$60 per activity.

The activity your child is participating in at this time is:

XC Running Soccer Basketball Volleyball Wrestling Nordic Ski Track

Refund of Activity Fees

Full Refund: Students who are cut from a co-curricular activity during the first ten (10) days of practice will receive a full refund.
Prorated Refund: Students injured or having special extenuating circumstances during the same activity season will receive a prorated refund, the amount of which will be determined by the coach and athletic director/administrator.
No Refund: Students who quit and/or withdraw from a team due to disciplinary reasons will not receive a refund.

I have read and understand the above terms and conditions and agree to abide by the same.

Student Signature

Parent/Legal Guardian
Signature

Date