

COMSTOCK YOUTH SPORTS

Chyna McMillian, Youth Director
chyna.mcmillian@comstockps.org



Comstock Youth Girls Volleyball

4th-6th Grade Girls

Students that participate MUST be attending Comstock Public Schools.

- Overview:** This is a developmental league created to teach and emphasize fundamentals through practice and competition. Teams will consist of around 10 girls.
- Coaches:** We need parent volunteers to coach otherwise we won't be able to run the season. The varsity volleyball coach will run a coaching clinic prior to the season starting for those that need the help.
- Practices:** Each week will consist of 1 practice and 1 competition. Games will be played on Wednesday evenings in October at this point.

Practice/Competition Gear: Players should be prepared to bring/wear these items to practice/competition.

- Water Bottle
- Knee Pads (not necessary but useful)
- Proper workout attire
- Appropriate Practice Clothing

Week of Aug. 28th: Teams & Coaches will be determined. Coaches will contact parents by Wednesday, Sept. 6th.

Week of Sept 11th: Teams will begin practice and the program will run for 7 weeks.

Deadline to Register is Monday, Aug. 28th.

Player Registration Form: Checks made payable to: Comstock Athletics

- Mail to Comstock Elementary School, Attn: Chyna McMillian, 1423 N. 28th St., Kalamazoo, MI 49048
- Drop off cash/check at the Elementary's main office from 8am-12pm, June 19-30, July 10-28 (M-F)

Registration Fee

_____ \$30 - Includes uniform shirt

Player Shirt Size (Circle): YS, YM, YL, YXL, AS, AM, AL, AXL

Player Name: _____ Player Grade (Circle): 4th 5th 6th

School Player Attends (Circle): Elementary STEM

Parent Name: _____ Parent Phone: _____

Parent Email: _____

COACH Registration deadline for consideration is Monday, August 21.

Registration Fee Waived if you are chosen to be a coach. Ideally, we will need 1 coach per 5-7 kids.

Coach Name: _____ Coach Phone: _____

Coach Email: _____ Coach Shirt Size: _____

Grade Interested in Coaching _____ 4th _____ 5th

COMSTOCK YOUTH SPORTS

Chyna McMillian, Youth Director
chyna.mcmillian@comstockps.org



Comstock Youth Girls Volleyball Emergency Contact Information & Risk Warning

Child's Name: _____ Birthdate: _____

Home Address: _____

Parent/Guardian Name: _____ Cell Phone: _____

2nd Parent/Guardian Name: _____ Cell Phone: _____

Medical Conditions/concerns our staff should be aware of:

Emergency Contacts:

(When attempts to contact parents are not successful and also who may pick up the child if needed.)

Emergency Contact 1 Name: _____ Phone: _____

Emergency Contact 2 Name: _____ Phone: _____

Emergency Contact 3 Name: _____ Phone: _____

As the parent/guardian of the above named child, I give permission for my child to be released from practices and games with the above listed emergency contacts when I am unable to do so or if I am not able to be reached on my above listed phone number.

I hereby authorize the coaching staff and directors to act for me in using the best judgment in any emergency requiring medical attention.

In consideration of my child's participation in Comstock sponsored athletics, I do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I assume; and that I agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against Comstock, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my child's participation in a Comstock sponsored sport.

Parent/Guardian Name (Printed): _____

Parent/Guardian Name (Signature): _____

Date: _____