

## INSURANCE INFORMATION

I am Covered by Personal and/or Family Insurance. My Insurance Company and the Current Correct Information is as follows:

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Address of Insurance Company

\_\_\_\_\_  
Policy and Group Number

\_\_\_\_\_  
Insurance Company Phone #

As Parent or Guardian of \_\_\_\_\_, I state that the above insurance information is complete & accurate.

\_\_\_\_\_  
Parent or Guardian Signature      Date

\*\* Tear off this sheet and return with \$40 fee to guarantee enrollment.

\*\* Each team member must fill out a registration form and insurance information.

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## CONTACT INFORMATION

If you have any questions about the summer league or if you need any additional brochures, please feel free to contact the Cowley Volleyball Office at:

(620) 441-5324

Or

bahnerj@cowley.edu

Return all Registration forms and fees to:

Coach Jenifer Bahner  
Cowley Tigers Volleyball  
125 South 2nd Street  
Arkansas City, KS 67005

Make Checks Payable to:  
Jenifer Bahner Volleyball

Early registration is advised as league will close when capacity has been reached.

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# 2009 Girls High School Summer Volleyball League



## JULY 6 - 29

GAMES PLAYED ON  
MONDAY AND  
WEDNESDAY NIGHTS

# LEAGUE DIRECTOR

## Jenifer Bahner

Coach Bahner is beginning her first year as Head Volleyball Coach for Cowley College. For the past two years, she served as the Assistant Volleyball Coach at Pittsburg State University. She has also been Coaching Junior's Club Volleyball for the past seven years and has lead her team to a 5th Place Finish at the Junior National Tournament.

# LEAGUE FEATURES

- Teams Must have at least Six players, but can have more
- Individuals May register and be placed on a team
- Teams are guaranteed At Least two matches a night
- Courts will be set up and Referees are provided  
*So just show up and Play!*
- Championship Match on July 29th  
Winners will receive a Cowley Volleyball T-Shirt

# REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_

Grade Next Year \_\_\_\_\_

Position(s) \_\_\_\_\_

Circle Level Played @ :

Varsity JV Freshman Never Played

Team Name (If registering as team) \_\_\_\_\_

As parent or guardian of \_\_\_\_\_, a minor, I do hereby authorize the director of the Cowley Summer Volleyball League or her designee to select hospital facilities/or physicians of her choice, & authorize the treatment of the above named participant on an emergency basis in the event such treatment becomes necessary as a result of the participation in the named league. We hereby grant permission for the above named participant to play in this league, and acknowledge the fact that she is physically able to participate in league activities. I understand that I am solely responsible for any and all medical bills incurred as a result of accidents or incidents for which medical treatment is necessary, except those covered by my insurance listed on the back of this form. THE COWLEY COUNTY COMMUNITY COLLEGE STAFF, THE STAFF OF THIS SUMMER LEAGUE, AND COWLEY COUNTY COMMUNITY COLLEGE WILL NOT BE HELD RESPONSIBLE IN ANY WAY FOR ANY ACCIDENTS, INCIDENTS, OR EXPENSES THAT OCCUR DURING THE ABOVE NAMED PARTICIPATION IN THE COWLEY SUMMER VOLLEYBALL LEAGUE.

# LEAGUE INFORMATION

- \$40 Cost Per Player
- Matches will be played on the Cowley College Campus
- Games will be on Monday and Wednesday nights Starting @ 6:00pm
- Check-in will be at W.S. Scott Auditorium starting at 5:30pm
- League is for High School Players Only  
This includes incoming freshman

# LEAGUE PROTOCOL

Each team must check in @ 5:30pm on July 6th. Schedules will be passed out for the league at this time and all rules will be reviewed.

Warm-Ups will be 10 minutes long prior to each scheduled match.

High School Rules will be followed.

Signature of Parent or Guardian

Date

\*\*\* Insurance Information on Back Must be Filled Out!