



## 2024 Youth Volleyball Instructional

(1st-3rd Graders & 4th-6th Graders)

This program will meet once per week for 10 weeks. The intent of this program is to introduce the participants to the fun and great sport of volleyball. We will work on the large motor skills needed to play the game and begin to teach volleyball movements and fundamentals. The clinic is led by Port Washington HS Head Varsity Coach, Paul Jungbauer and Port Washington HS Volleyball Players.

All registered participants will receive 10 hours of instruction, a t-shirt, and a volleyball that they get to keep to practice at home.

**Questions regarding the instructional please contact Paul Jungbauer at [pmjungbauer@gmail.com](mailto:pmjungbauer@gmail.com)**

**WHO:** 1st-3rd grade & 4th-6th grade students. This instructional will be open to any participants who want to participate, however, those who live in the Port Washington-Saukville School District will have a priority registration window. Space is limited to 20 participants per session. Do not delay to register as we anticipate all sessions filling up. A waitlist will begin once each session is full.

**WHEN:** Session #1 Wednesdays 1st-3rd grade 5:30-6:30pm; 4th-6th grade 6:40-7:40pm

**Start Date: January 3rd End Date: March 6th**

Session #2 Thursdays 1st-3rd grade 5:30-6:30pm; 4th-6th grade 6:40-7:40pm

**Start Date: January 4th End Date: March 7th**

**WHERE:** Saukville Elementary School Gym 333 N Mill St, Saukville, WI

**COST:** The cost per session is \$75 for 1st-3rd graders & \$90 per session for 4th-6th graders  
Checks Payable to: "Port Washington Volleyball Inc."

**HOW TO REGISTER:** OPTION #1

Mail the completed registration packet and payment to:

Port Washington Volleyball  
C/O Coach Paul Jungbauer, Volleyball Coach  
427 W. Jackson St.  
Port Washington, WI 53074

**OR**

**OPTION #2**

Email the completed registration packet to [pwvballclub@gmail.com](mailto:pwvballclub@gmail.com)  
and pay via VENMO @PW-Vball-Club

**DEADLINES:** Priority Registration for students who attend or live in the Port Washington-Saukville School District can register NOW-November 20th. As of November 21st-December 6th, Any participant will be able to register regardless of School District.

## PARTICIPANT INFORMATION

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

- |  |           |   |
|--|-----------|---|
| <input type="checkbox"/> <b><u>SESSION #1 (Wednesdays)</u></b> | <b>OR</b> | <input type="checkbox"/> <b><u>SESSION #2 (Thursdays)</u></b> |
| <input type="checkbox"/> 1st-3rd Grade(5:30-6:30pm) \$75       |           | <input type="checkbox"/> 1st-3rd Grade (5:30-6:30pm) \$75     |
| <input type="checkbox"/> 4th-6th Grade (6:40-7:40pm) \$90      |           | <input type="checkbox"/> 4th-6th Grade(6:40-7:40pm) \$90      |

**Shirt Size:**  Youth Small     Youth Medium     Youth Large     Adult Small     Adult Medium  
 Adult Large     Adult XL     Adult XXL

## PARENT INFORMATION

**Parent #1:** \_\_\_\_\_ **Parent #2:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City & Zip:** \_\_\_\_\_ **City & Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## WAIVER AND RELEASE OF ALL CLAIMS

Be aware that in signing up and participating in the identified programs/activities (the "Activities"), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, death, damages or loss which you and/or your minor child/ward might sustain as a result of such participation.

Port Washington Volleyball INC. (PWVB), Port Washington Volleyball INC. board members, its committees, its commissions, its officials, its agents, its volunteers, and employees are committed to conducting its programs in a safe manner. PWVB strives to reduce risks and insist that all participants follow safety rules and instructions designed to promote participants' safety. However, participants and parents/guardians of minors registering for the activities must recognize that there is an inherent risk of injury or death when participating in the activities.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities, contemplated by this agreement. It is always advisable if the participant, child/ward is pregnant, suffers from any underlying medical condition, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

I recognize that there are certain risks of physical injury or death to participate in the activities and I agree to assume all risk of any and all injuries, death, damages or losses, regardless of the severity that my minor child/ward or I sustain as a result of participation or as a result of said rental or use. I further agree to waive all claims I or my minor child/ward may have or which may accrue to me or my minor child/ward as a result of participating in the activities, against PWVB.

I do hereby fully release and forever discharge PWVB from any and all claims for injuries, death damages or loss that my minor child/ward or I have or which may accrue to me or to my minor child/ward or to my family, my estate, my heirs and/or assigns arising out my /our participation in the activities.

I have read and understand the above information, warning of risk, assumption of risk, and release of all claims, and have signed this Waiver and Release freely and knowingly. If registering online or via facsimile, my electronic or facsimile signature shall have the same legal effect as my original handwritten signature on this form.

I acknowledge that the activities or facilities may be photographed /videotaped by PWVB for promotional purposes. By participating in the activities I grant permission for my/our image(s) to be used for such purposes.

This "Waiver and Release of All Claims" must be signed by all participating adults and/or by one parent or custodial parent or guardian of children under the age of 18. Without proper signatures your registration or application cannot be processed and will be returned to you.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# PARENT & ATHLETE AGREEMENT

---

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

## Parent Agreement:

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Athlete Agreement:

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Questions and Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ School District \_\_\_\_\_

Check all that apply  
I participate in:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball        | <input type="checkbox"/> Hockey              |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Golf              | <input type="checkbox"/> Volleyball        | <input type="checkbox"/> Wrestling           |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country     | <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics    | <input type="checkbox"/> Tennis            | <input type="checkbox"/> Swimming & Diving |  |
| <input type="checkbox"/> Other _____   |  |  |  |

Name of Current Team \_\_\_\_\_

1. Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_
2. Have you ever experienced concussion symptoms? \_\_\_\_\_ Did you report them? \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please complete this form and return to the person operating the youth athletic activity.