

EAGLES '18 SUMMER VOLLEYBALL

WHEN

June 4th-30th

Tuesdays, Wednesdays, & Thursdays
3-5pm

****Optional Strength and Agility training-
Gam in Enochs Weight Room T/W/TH****

WHERE

Enochs Gym

What to wear/bring:

Proper volleyball attire - shorts, shirt & proper gym shoes. No tank tops and no bra straps showing! Knee pads are helpful, but not required for summer. Your hair needs to be pulled away from you face. Bring water.

Here's how to sign up:

1. Register for an AAU card, print and attach card to Screaming Eagles form (Instructions attached).
2. Fill out medical release form.
3. Come to the first day of open gym with forms.

Get ready to play!

IMPORTANT DATES:

SPORTS NIGHT:

Tue. June 12th

5:30-7pm

@ Enochs Cafeteria

SPORTS PHYSICALS

Wed. June 13th

1:15-2:30pm

@ Enochs Gym

CONDITIONING WEEK

Mon-Fri July 23-27

5:30-7pm

@ Enochs Track

TRYOUTS

Mon-Fri

July 30-August 3

4-6pm

@ Enochs Gym

2018 Screaming Eagles Summer Basketball

The “Screaming Eagles Summer Basketball” program is for boy’s who are planning on playing basketball at Enoch’s High School next year.

Where/When: Starting June 5th - Ending June 28th

Tuesday and Thursday Nights 6-8pm @ Enochs High School Gym

What to bring: completed paperwork and copy or current AAU card with extended coverage. You will not be able to participate without this card.

Proper basketball shoes, shorts, and a light and a dark shirt or a reversible jersey

What to expect: We want to try to get each player ready for what is expected in our program. We will be focusing on both offensive and defensive fundamentals.

What we expect of you: The coaches will be here to try and teach and help you every night. If any attitude or gross display of sportsmanship is exhibited at any time, you will be dismissed for the rest of the evening and or the summer.

Participation in this program does not guarantee placement on any regular season team for Enochs High School!

Important dates:

Parent Meeting in Enochs Gym-**Tuesday June 4th @ 8pm**

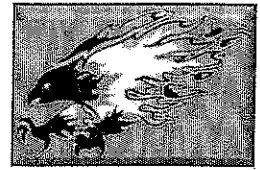
Please have at least 1 parent there for the meeting!

Enochs Sports Night in the MPR(Cafeteria)-**Tuesday June 12th 5:30-7**

Sports Physicals in the Enochs Gym- **Wednesday June 13th from 1:15-2:30pm**

SCREAMING EAGLES AAU CLUB

AAU INDIVIDUAL SPORT FORM



AAU annual Cost –

You will need to join the AAU club (due to Liability). Go to <http://aausports.org/> and use the club code **WYWC3Y**. You need to purchase the extended coverage. Bring in a copy of your membership attached to this participation form. You must have personal insurance.

PRINT NEATLY

2017-18 Grade in School _____

First Name _____ Last Name _____

Home # _____ Players Cell # _____

Address (Street) _____

City _____ Zip _____ Email _____

Height _____ Weight _____ Date of Birth _____ Shirt Size _____

Parent/Guardian Names _____

Parent Work # _____ Parent Cell # _____

WAIVER, RELEASE, ASSUMPTION OF RISKS

I understand that my participation in AAU activities involves risks and dangers of serious and permanent bodily injury and death. I, or my parent or guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue AAU of US, Inc., its Club/Teams, Directors, Officers, Employees, Coaches, Officials, Volunteers, Agents, Sponsors, Advertisers, Owner/Leasers of Premises for all liability from my participation in these and any other AAU related travel, lodging, social/recreational activities.

Parent Signature: _____

Player Signature: _____

Payment Type: _____

Collected By: _____

Date: _____



MODESTO CITY SCHOOLS

426 Locust Street, Modesto, California 95351-2699

www.monet.k12.ca.us

RELEASE

(For Summer Use Only)

I, _____, the parent/ legal guardian of _____,
(name of student)

do hereby release both Modesto City Schools and Enochs High School
(name of school)

and their officers and employees from any and all liabilities, claims, and causes of action that may arise
as a result of injury to my child while participating in AAU Volleyball
(name of activity)

on this/ these dates: May 31, 2018- August 31, 2018
(list date/ dates)

Signed _____ Date _____

Printed Name _____ Phone Number _____

Representation of Medical Coverage

(For Summer Use Only)

I, _____, the parent/ legal guardian of _____,
(name of student)

do hereby represent to Modesto City Schools and Enochs High School that my child listed above
(name of school)

is covered by medical insurance with _____, which would be used
(name of Insurance Company)

for the medical treatment and hospitalization of my child if an injury is sustained while participating in
AAU Volleyball on this/ these dates: May 31, 2018- August 31, 2018
(name of activity) (list date/s)

Signed _____ Date _____

Printed Name _____ Phone Number _____