

# VOLLEYBALL

September 10th, 2020

Dear Parents and Athletes,

Welcome to our second year of volleyball at Belleview Christian Academy! I am so excited for a new season. This year, we will still have practices and games. However, due to the virus, the conference has been canceled. We will be practicing at school this year. The gym we normally use, First Baptist Church of Oxford, is holding their church services in the gym due to social distancing. This has made the gym unavailable for outside use.

Practice will occur following carline at 3:45 and end at 5:00 every Tuesday and Friday. It will begin **Tuesday, September 15th**. Due to the corona virus many schools have had to change their schedules. Due to this, a game schedule for competitions will not be available at the first practice date.

The participation fee for Volleyball is \$80.00. This price includes a jersey, shorts, face mask, drawstring bag, and put money toward game related expenses. For practice, we will be using the volleyball court located by the after care building. The girls will need athletic clothing for practice. Shirts must follow normal school rules, and shorts must be finger tip length. Knee pads are required for all practices and games. You can find affordable knee pads in any sporting good department in store and online. The only requirement is that they are black, any brand. Athletes must bring water bottles to practice. It is hot, and hydration is of utmost importance. A snack may be brought for between school and practice. I ask that it be a light snack since we are going to be practicing outdoors in the heat.

Pick up for practice will be at the gazebo by the practice field. All students not picked up by 5:00 pm will be taken to aftercare. Additional rates may apply.

For games, we will ride together as a group to our game's location. Student's must be signed out before leaving with a parent following the game. Parent's must speak to the coach before any athletes may leave premise of any game.

For BCA's other general guidelines, as well as Kingdom of the Son's, for sports please read our sports handbook. We're looking forward to a great year for all of our sports and we hope you will join us.

Mrs. Marissa

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## After School Permission Form

**Girl's Volleyball**  
**Begins: 3:30 PM**

**Date Tues & Fri begin 9/15**  
**Ends: 4:45 PM**

### WAIVER AND HOLD HARMLESS AGREEMENT

I, the undersigned, certify that I am the parent and/or legal guardian of the below named student and am otherwise fully empowered to sign this After School consent and liability waiver. I grant permission for \_\_\_\_\_ to participate in this school-sponsored event. This activity will take place under the guidance and direction of school employees and/or volunteers from Belleview Christian Academy.

In consideration of my student's participation in this activity, I on behalf of myself, my child named herein, our heirs, successors and assignees waive all claims or causes of action against First Baptist Church of Belleview, Inc. and Belleview Christian Academy and agree to hold harmless, indemnify and defend First Baptist Church of Belleview, Inc., and Belleview Christian Academy, their officers, directors and agents, chaperones, and representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses arising from or in connection with the above named student attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith, except for such losses or damages caused by the sole negligence or willful misconduct of First Baptist Church of Belleview, Inc., and Belleview Christian Academy or their agents.

I agree that First Baptist Church of Belleview, Inc., and Belleview Christian Academy are not responsible for any personal property carried by student.

I consent to emergency medical treatment in the event such care is required. I agree to use the student's personal medical insurance as a primary medical payment if accident or injury occurs.

Name of 1st Emergency Contact

Name of 2nd Emergency Contact

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list any medical or physical needs: \_\_\_\_\_

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

**Parent Signature** \_\_\_\_\_