



Dear Parents,

We are very excited to volunteer as Volleyball Directors at St. Elizabeth School! We look forward to continuing our success and hard work during the upcoming 2019 fall volleyball season. Although competitive, volleyball is a team-oriented sport that develops coordination and strategy, and forges friendships.

We need your immediate response if your daughter is interested in joining the Volleyball Team this season at St. Elizabeth School. In the past, St. Elizabeth School has formed both Varsity (7th - 8th graders) and JV (4th - 6th graders) <subject to change> teams for entry into the League. The Fall League sets its schedule at this time of year and the matches will be played 2 or 3 times per week during September through October with League playoffs in early November.

Please contact Keri Rigoli as soon as possible by email or phone to advise us of your daughter's intention to commit to the team. Please submit the completed registration form by **Friday, June 14th**, Attn: Keri Rigoli. No child will be permitted to participate in practice or matches until her health and safety paperwork for the 2019-2020 school year has been submitted in September to Mrs. Jaffe, the school nurse, and we have received her clearance.

Parent coaches and assistant coaches are needed. Please let us know if you can help and confirm that you have your Protecting God's Children and Rutgers Safety Certifications.

We are also in need of a parent/student volunteer who would take a few action photographs of their daughter/sister and each of her teammates during play to be displayed during the presentation of trophies at the Spring Sports Awards dinner.

Thank you for your prompt response. We look forward to another exhilarating season of Volleyball at St. Elizabeth School!

Best regards,

Keri Rigoli
Krigoli5@gmail.com
201.819.2750

Veronica Romond
Veronica.romond@gmail.com
917.973.7031



2019 FALL GIRLS VOLLEYBALL REGISTRATION FORM

Child's name: _____

Grade: _____ DOB: _____

Has your daughter played volleyball prior to this year? _____

If yes, where? _____

Parent(s) name: _____

Parent(s) e-mail: _____

Parent(s) cell number: _____

Emergency Contact (name and number): _____

Parent(s) e-mail: _____

Please list any allergies, including medication. If none, please write none.

COACH VOLUNTEER SECTION

Are you willing to be a Head or Assistant Coach? _____

Name: _____

Contact email: _____

Contact number: _____

Have you taken Protecting God's Children? Yes / No

Do you have your Rutgers Certification? Yes / No

Have you done any of the positions listed above before? Please explain. _____