

# Wilson 7<sup>th</sup> Grade Volleyball Pledge

As a member of the 2017 Wilson 7<sup>th</sup> Volleyball Team, I pledge to do the following:

- **Attend all practices and games** from August 28 through October 5 with Coach Hinke. My parent will contact Coach Hinke if I am absent, by email or voicemail.
- **Be dressed out** and ready to practice 3:00 each day, or if practicing in the morning, be ready by 6:30 a.m. There is **NO afternoon Friday** practices.
- **Support all team members** by cooperating and encouraging, with no put-downs of any type. **BE A TEAM!!**
- **Focusing on skills** instruction so I can do my very best.
- Take care of team uniforms and equipment and show pride in my school and how I look and perform.
- **Maintaining good behavior** at all times during the school day and **attending class**.
  - **Poor behavior that ends with Student in the office could cause them to miss a game. Parents will be contacted by Administration if this happens.**
  - Check with my teacher before class on away game days, I get out of class at 2:25 and the bus leaves at 2:35.
- **Ride the bus** to and from competition unless a parent checks out with Coach Hinke after the final set at each away game. You cannot ride home with someone else's parent.
- **Team goals:**
  - Work for 80% accuracy for serving and receiving
  - Focus and face play of ball at all times
  - Do my part in making each play
  - Communicate with "Got it" when it's your play
  - We will have fun!!

---

7<sup>th</sup> grade volleyball player name

---

Parent name

---

7<sup>th</sup> grade volleyball player signature

---

Parent signature

Return to Mrs. Hinke in Room 218 prior to the first practice, Monday, August 28

# 7<sup>th</sup> Grade Volleyball Info Card 2017-2018

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

Any health concerns that coaches should know about? \_\_\_\_\_

Preferred hospital \_\_\_\_\_ Birthday \_\_\_\_\_

Are you participating in any other school activities between now and the end of the season (October 5)? \_\_\_\_\_

What prior volleyball experience do you have? \_\_\_\_\_

List one goal you have for this season : \_\_\_\_\_

Good sportsmanship and attendance at practice every day are important.

Please contact Coach Hinke ([jhinke@cr.k12.ia.us](mailto:jhinke@cr.k12.ia.us)) if you have any questions or if you will not be at practice or games.

Athlete signature \_\_\_\_\_

Parent signature \_\_\_\_\_

1<sup>st</sup> hour : \_\_\_\_\_

2<sup>nd</sup> hour : \_\_\_\_\_

8<sup>th</sup> hour : \_\_\_\_\_



Locker number : \_\_\_\_\_

Return to Mrs. Hinke ASAP!

# 8<sup>th</sup> Grade Volleyball Info Card 2017-2018

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

Any health concerns that coaches should know about? \_\_\_\_\_

Preferred hospital \_\_\_\_\_ Birthday \_\_\_\_\_

Are you participating in any other school activities between now and the end of the season (October 5)? \_\_\_\_\_

What prior volleyball experience do you have? \_\_\_\_\_

List one goal you have for this season : \_\_\_\_\_

Good sportsmanship and attendance at practice every day are important.

Please contact Coach Hinke ([jhinke@cr.k12.ia.us](mailto:jhinke@cr.k12.ia.us)) if you have any questions or if you will not be at practice or games.

Athlete signature \_\_\_\_\_

Parent signature \_\_\_\_\_

1<sup>st</sup> hour : \_\_\_\_\_

2<sup>nd</sup> hour : \_\_\_\_\_

8<sup>th</sup> hour : \_\_\_\_\_



Locker number : \_\_\_\_\_

Return to Mrs. Hinke ASAP!