

Welcome to HCYA Lady Eagles Volleyball

- Competitive Volleyball
- Grades 5 – 12
- No experience necessary
- All girls will be assigned a team after “tryouts” based on their skill level and age
- Uniforms provided
- Games begin in early August and the season runs through mid-October. A season schedule will be given out in early August.
- Compete against public, private & Christian schools, and other homeschool teams
- At least one tournament per team (hopefully)
- Cost/Season Fees:
 - \$400.00 High School Team
 - \$300.00 Jr. High Team
 - \$15.00 HCYA fee ’09-’10 school year
 - \$15.00 HCYA fee ’10-’11 school year
- * * Every player must join the HCYA organization. This is not an option. If you have joined through another HCYA organization, such as Sports Day, please complete the form and at the bottom note “joined at Sports Day”. The \$15 HCYA fee is per player. Please write a separate check to HCYA for this fee. There is no family rate for membership.
- Second child discounts of \$50 per child on the season fees stated above.
- Season Fee helps pay for cost of gym rental, coach’s compensation, equipment, t-shirts, uniforms, referee fees, and tournament fees.
- A payment plan is available
- Possible participation in National Homeschool Volleyball Tournament for a selected varsity level team (this requires each player to pay an additional expense of \$500 to \$700 based on previous trips) in Omaha, Nebraska November 3 - 7, 2010. Website www.NHSVBT.org
- We do not want finances to be a reason for not participating in the program. Please contact the Director, Mary Schulze, if you have any questions.

Thank you and may your time with the HCYA Lady Eagles Volleyball Program be an encouragement to your family.

*Mary Schulze
281.240.0438
Email GodisGood0426@juno.com*

HCYA Lady Eagles Volleyball

In striving to develop Christian leadership in our young ladies, we have adopted these guidelines to assist us in our efforts to accomplish our vision.

DRESS & CONDUCT CODE FOR ALL HCYA FUNCTIONS (practice, games, and tournaments)

- No cell phone use during practices or games. Please turn off your phone upon entering the gym.
- No jewelry (earrings, bracelets, necklaces) or metal hair clips or metal bands. Violation of this will penalize your team during a game and is enforced by the officials.
- No body piercing jewelry visible
- No artificial hair color
- No unusual hair styles (drawing attention to yourself)
- All hair must be pulled away from / out of your face
- No tight shorts, spandex shorts, “bicycle” shorts, or “soffe-type” shorts. Shorts are required to have at least a 4” inseam. Please, use modesty in your choice of shorts
- No tight, ill-fitting or short tops. Tops must fit so that sports bras are not revealed. Racerbacks are not allowed, and midribs should not be exposed while standing.
- All uniforms must be worn properly at all times. This means that shorts are NOT rolled up. (this is a direct quote from the National Homeschool Tournament Dress Code)
- No writing or drawing on arms or legs
- No public display of affection while in uniform or representing HCYA

If you question it, please don't wear it. Please follow the “spirit of the law” here...our goal is modesty. The point is to not draw unnecessary attention to yourself. The coach's and director's decision regarding dress code is final.

PRACTICE

- Practice is the most important aspect of a team. What a team is or becomes stems from their practices.
- All players are expected to be at all scheduled practices, fully dressed. (Exceptions: illness, out of town, class conflicts, and emergencies)
- Repeated tardiness may affect playing time.

GAME PROCEDURES AND EXPECTATIONS

- ***NO SET AMOUNT OF PLAYING TIME IS GUARANTEED.***
- Arrive 45 minutes before game time. Starting player sheets will be turned in 30 minutes prior to game time.

- Tardiness to games may cause a player not to start.
- If you cannot attend a game or practice, please call your Coach by NOON the day of the game. Cell phone numbers are in your team notebook.
- Designate one pair of shoes as court shoes only. Wear other shoes to games. Change into game shoes upon arrival at the court.
- Wear uniform/team shirt to each game.

COMPLAINT POLICY

- Our coaches are vitally interested in your child’s development in their personal character and as a volleyball player. The coaches are open to communication that will assist them in this endeavor. In order to help us in our efforts, please do not address any of your concerns to a Coach before a game or during a game or during practice time. Please arrange an agreed upon time with the Coach to address your concerns. If the issue is not resolved, you may contact Mary Schulze, Volleyball Director.

PLAYERS, PARENTS, FAMILY MEMBERS AND FANS

- Please remember that at all HCYA functions, we want to be a witness for our Lord Jesus Christ. We also need to realize that our actions and our dress reflect on the entire homeschooling community. Booing, yelling at the refs or coaches or any other inappropriate behavior or language will not be tolerated. We need to honor those in authority.

By signing below, I acknowledge that I have read and understand the above code of conduct for HCYA Volleyball. I will do my best to abide with the guidelines written above and their intentions.

Player Signature: _____ Date: _____

Player Printed Name: _____

Parent/Guardian of Player Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian of Player Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

HCYA Volleyball Parent's Pledge

As Parents, we commit to the Homeschool Christian Youth Association (HCYA) to:

- Provide registration, medical release forms and pay all fees promptly.
- Encourage the coaches and other leadership.
- Make sure our daughter knows the schedule, comes to all games on time, supports the team at all times, and has a uniform and other equipment ready at all times.
- Support the coaches in discipline that may be required of the team or of our daughter.
- If I am in disagreement with any actions/procedures of coaches and/or leadership, I will contact the Volleyball Director.

We further commit to our daughter to:

Observe and acknowledge successes and achievements and provide encouragement.

Monitor behavior to provide discipline and character development as needed.

Parent's Signature: _____ Date: _____

Printed Name: _____

HCYA Volleyball Player's Pledge

As a member and representative of the Homeschool Christian Youth Association (HCYA), I will by word and deed do what I can to:

- Provide a Christ-honoring testimony as a member of the team, whether on the court or off.
- Develop my God-given gifts in character, academics, and athletic skill.
- Honor those in authority including coaches and referees by accepting at all times their decisions without argument, grumbling, or gesturing of any kind.
- Honor my teammates by giving them encouragement and by trying to develop an attitude that places other's needs before mine.
- Honor my teammates by submitting to the greater good of the team at the expense of my own ambitions.
- Honor the Lord by my language, not using unwholesome words or participating in talk or joking that is unfitting of a servant of Jesus Christ.
- Honor my opponents by playing my best, not engaging in taunting, baiting or ridiculing of any kind.
- Submit to team rules for dress and behavior. (See conduct code)
- Be at all practices and games unless extenuating circumstances occur, at which time I will notify the coach as soon as possible. I understand that missing a game or practice without notice may affect my playing time.
- Maintain a life of purity, remembering that we are the temple of the living God, respecting what is right before men and God, and dressing and behaving at all times in a way befitting a servant of Jesus Christ and a representative of HCYA, whether on the court or off.

I hereby commit to doing my part in making HCYA widely known for its Christian testimony, good sportsmanship, and positive influence for home education.

Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian of Player Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

HOMESCHOOL CHRISTIAN YOUTH ASSOCIATION

STATEMENT OF PURPOSE

The HOMESCHOOL CHRISTIAN YOUTH ASSOCIATION ("HCYA") is a non-profit, incorporated, Christian service organization established to serve home school families and students in Houston and the surrounding area. The Board consists of volunteer Christians who desire to accomplish the following Statement of Purpose and who agree with the following Statement of Belief.

Purpose:

The purpose of the HCYA is to provide positive and constructive opportunities for the social, physical, and educational growth of older home school students in the greater Houston area. HCYA's efforts may include, but not be limited to, the operation of a homeschool Sport's Day program, the offering of educational classes and workshops, and the publishing of a HCYA newsletter.

HCYA has purposed that the organization and all of its activities and publications will be consistently and forthrightly Christian to the honor and glory of the Lord God. HCYA does not discriminate in its provision of services due to race or religion. HCYA admits homeschool students of any race, color, nation, and ethnic origin to its programs. It does not discriminate on the basis of any of these in administration of its educational, admissions, or scholarship programs.

STATEMENT OF BELIEF

We Believe:

1. The Bible is the inspired and infallible Word of God and constitutes completed and final revelation. The Bible, in its original autograph, is without error in whole and in part, including theological concepts as well as geographical and historical details.
2. God has existed from all eternity in three persons: God the Father, God the Son, and God the Holy Spirit. Jesus Christ was God come in human flesh being fully God and fully man except without sin.
3. All men are in violation of God's righteous requirements and His holy character both by nature and act, and are therefore under His wrath and just condemnation. The central purpose of the coming of Jesus Christ was to pay the penalty for man's sin through His substitutionary death on the cross - the successful accomplishment of which was attested to by His subsequent visible, bodily resurrection.
4. Salvation is offered as a gift, free to the sinner. This gift must be responded to in individual faith, not trusting in any personal works whatsoever, but in the sacrificial death of Jesus Christ alone.

HCYA does not require that participants agree with all points of its Statement of Faith. Only that all participants recognize and accept that HCYA and its leadership adheres to the Statement of Faith.

HCYA MEMBERSHIP FORM



Please Print Legibly!

DATE OF REGISTRATION: ____/____/____

SCHOOL YEAR ENROLLING FOR: 20 ____ — 20 ____

FAMILY INFORMATION: Notify us of any changes during the year

FATHER'S NAME _____ OCCUPATION _____
MOTHER'S NAME _____ OCCUPATION _____
ADDRESS: _____ CITY _____
FAMILY PHONE (____) _____ STATE _____ ZIP _____
MOTHER EMAIL _____ FATHER EMAIL _____
MOTHER WORK (____) _____ FATHER WORK (____) _____
MOTHER CELL (____) _____ FATHER CELL (____) _____

NOTE: *email is used for ALL notices and announcements. If you don't have email we HIGHLY suggest that you get an email account!*

SUPPORT GROUP MEMBER? Yes: Years ____ No S.G. CONTACT PERSON _____
SUPPORT GROUP NAME _____ S.G. CONTACT PHONE (____) _____

STUDENT INFORMATION: *(Only for students enrolled in HCYA activities) ***

STUDENT NAME: (Last, "Name go by") ** *(HCYA uses the name each student usually goes by for all of its records.)*

1. _____ SEX ____ Birthdate: ____/____/____ Age: ____
EMAIL: _____ Yrs. Homeschooled: ____ GRAD. SENIOR? in HCYA last year?
Other HCYA activities involved in: _____
2. _____ SEX ____ Birthdate: ____/____/____ Age: ____
EMAIL: _____ Yrs. Homeschooled: ____ GRAD. SENIOR? in HCYA last year?
Other HCYA activities involved in: _____
3. _____ SEX ____ Birthdate: ____/____/____ Age: ____
EMAIL: _____ Yrs. Homeschooled: ____ GRAD. SENIOR? in HCYA last year?
Other HCYA activities involved in: _____
4. _____ SEX ____ Birthdate: ____/____/____ Age: ____
EMAIL: _____ Yrs. Homeschooled: ____ GRAD. SENIOR? in HCYA last year?
Other HCYA activities involved in: _____

ENROLLING MORE THAN 4 STUDENTS *(use 2 Registration Forms)*

ACKNOWLEDGMENT OF HCYA'S RULES:

We, the parents of the above students, have reviewed and acknowledge the STATEMENT OF PURPOSE and STATEMENT OF FAITH for HCYA. We agree that our family supports the goals of HCYA and will follow the rules of HCYA's programs. We understand that HCYA reserves the right to expel my child for repeated or serious violations. We certify that we are legally home schooling according to Texas law.

Both Parent's Signatures: _____

OFFICE USE ONLY:

HCYA Member Fee Pd: ____/____/____

Received By: (Initials) _____

Amount Received: \$ _____

Cash Check: No. _____



Homeschool Christian Youth Association

Indemnification and Medical Authorization

Name of Student: _____

Street Address: _____

City: _____ Zip: _____

Home Phone: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Medical Insurance Carrier: _____

Policy No.: _____ SS #: _____

In consideration of our student's participation in the Homeschool Christian Youth Association (HCYA) program:

We, the parents of the above named child, do hereby release, absolve and hold harmless the directors, coaches, medical attendants, and adult leaders of the Homeschool Christian Youth Association from any and all liability for all losses, damages or injuries occurring as a result of our child's participation in the association's activities, including travel to and from tournaments and other games within Houston or to other cities as required. We further agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for examination, treatment or hospital care required in the case of a medical emergency.

We understand that reasonable precautions will be taken to make the program safe and beneficial for all children, but that risk of injury cannot be eliminated entirely, and that this release is necessary for our child to participate in the HCYA program.

We understand that HCYA is a nonprofit organization and that HCYA has no means to provide insurance for losses, damages or injuries which may occur as a result of our child's participation.

INDEMNIFICATION AND MEDICAL AUTHORIZATION – cont.

Furthermore, we hereby authorize, in the event our child suffers injury, any director, coach, medical attendant, or adult leader of the HCYA program to consent to emergency medical treatment for our child when we cannot be contacted to so consent. Such medical treatment may include, without limitation, x-ray examination, anesthetic, medical, surgical examination or treatment and general hospital care. NO prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. EXCEPT AS NOTED ON THE BACK OF THIS FORM, this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of a director or coach of the HCYA program to give specific consent to any and all such examination, treatment, or hospital care.

Except as indicated below, we specifically give our consent for first aid treatment with bandages and antibiotic ointment (Neosporin, Neomycin, Mycitracin, Bacitracin, and/or Polymyxin), Hydrogen Peroxide, Rhuligel, Vaseline, Ibuprofen, and/or Tylenol.

EXCEPTIONS:

We hereby verify that we understand and accept the terms of this Indemnification and Medical Authorization.

Mother's Signature

Date:

_____/_____/_____

Father's or Legal Guardian's Signature

Date:

_____/_____/_____

Person to contact, other than parent, in case of an emergency:

Phone (____)____-_____

Parent Volunteer Opportunities...Lady Eagles

YES! I want to be a **Team Mom** for my daughter's team.

Name: _____

Email: _____

YES! I want to be a **Prayer Mom** for my daughter's team.

Name: _____

Email: _____

YES! I want to be a **Scorekeeper** for my daughter's team. (Training available)

Name: _____

Email: _____

YES! I want to be an End-of-Season **Team Party** ___Coordinator ___Asst.

Name: _____

Email: _____

YES! I want to be the **Senior Night** Event Coordinator ___Coordinator ___Asst.

Name: _____

Email: _____

Team Mom responsibilities:

- * Phone calls regarding urgent info.
- * Willingness to assist the coach with non-coaching details
- * Coordinate end-of-season coach's gift to be given at Team Party

Prayer Mom responsibilities:

- * Commit to faithfully praying for their teams.
- * Contact her if you have any specific prayer concerns.

Scorekeeper Responsibilities:

- * Learn how to keep score
- * Keep score at each game

Team Party Coordinator Responsibilities

- * Location and Facility Arrangements
- * Food/Drink Details
- * Decorations

HCYA Lady Eagles Volleyball **Uniform Agreement**

The uniform you are issued is the property of the HCYA Lady Eagles Volleyball Program. Every player MUST turn in her uniform at the end of the last game she plays in this season. You must bring street clothes to change into after the last game.

Required laundry instructions:

- Wash your uniform immediately after each game
- Use only cold water and mild detergent.
- NEVER dry this uniform in a dryer. Hang dry only.

It is important for each family to understand that it is difficult to replace a uniform. It is possible that an entire new set for the whole organization must be purchased if we lose any uniforms. Please help us in the proper care and possession of your uniform.

I understand that the uniform that I am issued is NOT mine, and I must turn it in promptly at the last game of the season.

Player's
Signature: _____ Date: _____

Player's Printed Name: _____

Parent's
Signature: _____ Date: _____

Parent's Printed Name: _____

HCYA Volleyball Registration

Player's Name _____

Age _____ as of September 1, 2010

Date of Birth _____

Grade Fall 2010 _____

Player's Address _____

Phone Numbers

Home Phone _____

Daughter Cell # _____ email _____

Mom Cell # _____ email _____

Dad Cell # _____ email _____

Parent's / Guardian's Names

Mother _____

Father _____

Equipment	Youth S		Youth L		Adult M		Adult XL
		Youth M		Adult S		Adult L	

T-shirt size (check one)

Uniform Top size (check one) N/ A

Uniform Short Size (check one) N/ A

Uniform Number Preferences _____

 _____ (List your top three number selections; we'll do our best)

Please return completed form in person to me at the gym (no need to mail to me)

Mary Schulze

281.240.0438

GodisGood0426@juno.com