



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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Youth Volleyball YMCA OF THE CAPITAL AREA

The YMCA's Youth Volleyball League is designed for youth 9 to 17 years old and stresses development of skills, teamwork, sportsmanship, and positive competition in a FUN environment.

Registration starts on February 6th and ends on March 7th. Practices are held during the week, beginning the week of March 20. Games are played on Saturdays, beginning on April 1 to May 20. Participants will receive a team jersey and an end of season award. Participants provide their own athletic shoes. The Y will provide all other equipment. **KNEE PADS ARE REQUIRED!**

DIVISIONS: 9-12 13-17

FEE: Member \$50 Program Participant \$100 Late Fee: Extra \$30 after March 6th

CONTACT: Edwin Flores, Sports Coordinator, eflores@ymcabr.org, 225-272-9622

LOCATIONS:

A.C. Lewis YMCA 225-924-3606

C. B. Pennington Jr. YMCA 225-272-9622

www.ymcabr.org/sports

SPONSORED BY:





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Circle One 9-12 13-17

Fee: Member \$50 / Program Participant \$100 Late Fee: Extra \$30 after March 6th

Child's Name _____

Address _____ City/State/Zip _____

Primary Contact Person _____

Primary Phone _____ Primary Email Address _____

Sex _____ Age _____ DOB ____/____/____ School _____ Grade _____

T-Shirt Size: Circle One 4-5 XSM 6-8 SM 10-12 MD 14-16 LG AS AM AL XL XXL

If Possible, I would like my child to be Coached By _____

If Possible, I would like my child to Play with _____

Are You Interested in being a Volunteer Coach? If so, Head Coach _____ OR Assistant Coach _____

Volunteer's Name _____ Volunteer's Phone Number _____

Volunteer's Email Address _____ Volunteer's Shirt Size _____

Age Requirements: Players must be the appropriate age before/on **April 1st 2017**.

Refund Policy: Registration fees are non-refundable after the registration deadline. No Refund will be given for unmet requests for coach, team/teammate, or conflicts with practice and game sites or times. All qualifying refunds are subject to a \$25 administration fee.

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may expose my child to risk of injury. I agree to hold the YMCA harmless from any claims that may occur through participation to any property or injury to persons, which may occur through the participation in any activity at the YMCA, or in its programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for my child to an appropriate facility for treatment. I assume all financial responsibility for program fees incurred as result of my child participating in this YMCA program. I authorize the YMCA to use any images taken of my child for promotional purposes of the YMCA. My child's family members will adhere to YMCA Good Sportsmanship behavior. I have read and understood the above information. My child has permission to participate in this YMCA program in accordance with the conditions set forth above.

Signature of Parent or Guardian _____ Date _____