



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Learn Grow Thrive

Fall Youth Volleyball Skills Clinic 2020 ALAMANCE COUNTY COMMUNITY YMCA

Are you looking to better develop your volleyball skills? This Volleyball Clinic is a perfect way to learn all aspects of the game while gaining confidence. This program will meet twice a week for eight weeks. These hour and a half sessions place intense focus on fitness, passing, serving, hitting, setting, and blocking while learning team responsibilities. Boys and girls between the ages 10 to 16 are encouraged to register. This program will operate with a minimum of 10 participants and a maximum of 18 participants.

REGISTRATION FORM ON THE BACK

WHEN: Sept 3rd - Oct 23rd, 2020

REGISTRATION : July 6th - Sep 2nd, \$10 late fee after Sept 2

COST: \$40 for Y Members, \$70 for program participants

DAY/TIME: Thursday (7:00 - 8:30) and Friday (6:00 - 7:30)

LOCATION: ALAMANCE COUNTY COMMUNITY YMCA

346 S. Main Street
Burlington, NC 27215

336.395.9622

www.acymca.org

CONTACT: wjohnson@acymca.org





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Youth Volleyball Skills Clinic Fall 2020

Name: _____

Male ___ Female ___ Birth Date ___ / ___ / ___

Address : _____

City: _____ Zip: _____

Phone: () _____

Email Address : _____

Parent Contact Name: _____

Parent Contact Phone : _____

PARTICIPATION AGREEMENT

The goal of the YMCA Volleyball Clinic is to build confidence and coordination in a Christian atmosphere. Fun, fair play, participation and teamwork are the expected results, while winning at all cost and is discouraged!

- ◆ I have read, understand and agree with the goals of the YMCA Volleyball Clinic Program.
- ◆ I certify that I am in normal health and I am capable of participating safely in the 2020 Volleyball Clinic.
- ◆ I release/authorize the use of any pictures that may be taken for publicity, etc. in connection with the YMCA.
- ◆ **I understand that all Registration Fees have to be paid at the time of Registration. I understand that I cannot participate, nor be placed on a roster, until I have fully completed the registration process.**
- ◆ I understand that certain risks are involved in playing sports. I understand the potential for personal injury to myself while participating in the YMCA Volleyball Clinic Program.
- ◆ I hereby release the Alamance County Community YMCA, Inc., all agents, staff, and volunteers from any liability in connection with the program. I agree to abide by any/all decisions made by the staff.

Signature: _____ Date: _____

Guardian's Signature (if participant under age of 18): _____