



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

BE HEALTHY BE STRONG BELONG

Adult Volleyball Spring 2020 ALAMANCE COUNTY COMMUNITY YMCA

Our Adult Co-ed Volleyball League offers a fun way to exercise with friends in an energetic sport! This league provides a challenging level of play for recreational players and is designed to encourage fair play. We welcome volleyball players of all abilities in a family friendly environment. This league provides a great place to meet new people while developing your volleyball skills. No worries if you don't have a team... we will help you find teammates!

REGISTRATION FORM ON THE BACK

- FOR:** Males and Female, Ages 17 and Up
- WHEN:** March 16 - May 22, 2020
Registration period Jan 26th - March 11, 2020
(A \$10 late fee will be applied after March 11)
- COST:** \$20 for Y Members, \$35 for Program Participants
- TIME:** Fridays, 6:00 PM — 9:00 PM
- LOCATION:** ALAMANCE COUNTY COMMUNITY YMCA
1346 S. Main Street, Burlington, NC 27215
336.395.9622
www.acymca.org
- CONTACT:** Will Johnson, wjohnson@acymca.org





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Adult Volleyball Registration Form : Spring, 2020

Name _____ Male ___ Female ___ Birth Date ___ / ___ / ___

Address (including city and zip code) _____

Home Phone () _____ Skill/Experience (circle one): 1 2 3 4 5

Email Address _____

Parent Contact Name (if under 18) _____

Parent Contact Phone (if under 18) _____

I WOULD LIKE TO BE A TEAM CAPTAIN: Y N Name: _____

I WOULD LIKE TO REQUEST A SPECIFIC CAPTAIN: Y N Name _____

T-Shirt Size (Please Circle One): YS YM YL AS AM AL AXL

PLAYER'S AGREEMENT

The goal of the YMCA Adult Volleyball League is to promote safe, clean, amateur sport and recreation in a Christian atmosphere. Fun, fair play, participation and teamwork are the expected results, while winning at all cost is discouraged! Players, parents and spectators are expected to conduct themselves in a sportsmanlike manner that is conducive to the Mission and Philosophy of the YMCA.

- I have read, understand and agree with the goals of the YMCA Youth Volleyball League.
I certify that I am in normal health and I am capable of participating safely in the 2020 YMCA Adult Volleyball League.
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 acknowledge the YMCA reserves the right to reclassify, reassign, etc. players, teams, leagues, and reserves the right to decline the participation of players, parents, coaches, spectators, pertaining to this League.
I understand that certain risks are involved in playing sports. I understand the potential for personal injury to myself while participating in the YMCA Adult Volleyball League.
I hereby release the Alamance County Community YMCA, Inc., all agents, staff, and volunteers from any liability in connection with the League(s) and agree to abide by any/all decisions made by the staff.

Signature: _____

Date: _____

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