



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEARN GROW THRIVE

Spring 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 20 participants.

TO REGISTER, PLEASE FILL OUT THE FORM ON THE BACK

- WHEN:** March 9- April 30, 2020
Registration period Jan 26 - March 6 ,2020
- COST:** \$40 for Y Members, \$70 for program participants
- DAY/TIME:** Monday and Thursday (7:00 - 8:30)
- LOCATION:** ALAMANCE COUNTY COMMUNITY YMCA
1346 S. Main Street
Burlington, NC27215
336.395.9622
www.acymca.org
- CONTACT:** Will Johnson, wjohnson@acymca.org





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Youth Volleyball Skills Clinic: Spring

Name: _____ Male: _____ Female: _____
 Birth Date: ____ / ____ / ____ Home Phone: () _____
 Address: _____ City: _____ Zip: _____
 Home Phone: () _____ Skill/Experience (circle one): 1 2 3 4 5
 Email Address: _____
 Parent Contact Name: _____
 Parent Contact Phone: _____

I WOULD LIKE TO BE A VOLUNTEER COACH (CIRCLE ONE): Y N Name: _____
 I WOULD LIKE TO REQUEST A SPECIFIC COACH (CIRCLE ONE): Y N Name: _____
 Division (Circle One): Silver (8-11) Gold (Ages 12-15)
 T-Shirt Size (Circle One): YS YM YL AS AM AL AXL

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): _____