



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WHERE ALL PLAYERS ARE MOST VALUABLE

## Youth Volleyball Spring 2020 ALAMANCE COUNTY COMMUNITY YMCA

Have fun with friends and learn the skills and fundamentals of the game of Volleyball. Children are sure to come away with a positive experience regardless of their skill level. Groups will be split up by age into two divisions. Boys and girls are encouraged to register. Gold Division games will held Tuesday nights, and the Silver Division will play on Thursday nights. Teams will practice either on Monday or Wednesday nights for one hour. Our Silver Division is for ages, 8-11 and the Gold Division is for ages, 12-16.

### TO REGISTER, PLEASE COMPLETE THE FORM ON THE BACK

**WHEN:** March 9 - May 21, 2020  
Registration period Jan 26 - March 2, \$10 late fee after March 2

**COST:** \$40 for Y Members, \$70 for Program Participants

**TIME:** Monday -Thursday, 6:00pm - 8:00pm

**LOCATION:** ALAMANCE COUNTY COMMUNITY YMCA  
1346 S. Main Street  
Burlington, NC 27215  
336.395.9622  
[www.acymca.org](http://www.acymca.org)

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## Youth Volleyball Registration Form: Spring 2020

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

### PLAYER'S AGREEMENT

The goal of the YMCA Youth 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 Youth 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 Youth 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): \_\_\_\_\_