



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WHERE ALL PLAYERS ARE MOST VALUABLE

Youth Volleyball Spring 2019 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.

Silver Division Ages 8-11

Gold division Ages 12-16

REGISTRATION FORM ON THE BACK

WHEN: March 11 - May 23, 2019

Registration period Feb 4 - March 4, \$10 late fee after March 4

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



CONTACT: Douglas Williams, dwilliams@acymca.org



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Youth Volleyball Registration Form Spring 2019

Name _____

Male ____ Female ____ Birth Date ____ / ____ / ____

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: Y N Name: _____

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

Division: Gold (Ages 12-15) _____ Silver (Ages 8-11) _____

T-Shirt Size (Please 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 2018 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) _____