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Spring Youth Volleyball Clinic

February 26 - March 1

This clinic will focus on basic skill specific drills and team play skills essential for success. Instructors will focus on incorporating fun dynamic drills while working on footwork and conditioning.

Registration Dates:

January 15 - February 26

Program Fees: \$45 Y-Members / \$60 Non-Members

Program Information: 3rd - 8th grade students

Participants will be broken up in two groups:

3rd - 5th and 6th - 8th

Player to coach ratio of 8:1

5:30 pm - 7:30 pm at the YMCA

Instructors will consist of college/high school players and/or coaches who have extensive backgrounds and experience playing and coaching volleyball. All instructors must pass a background check.

T-shirts provided to those who register by February 23!

Participants are encouraged to bring their own ball!

Financial Assistance is available. Submit your application and receive a response 7 - 10 business days later.

FMI regarding this program and more:

YMCA Youth Sports Department (325) 655-9106

Youth Sports Director, Stacy Duffell

Assistant, Brittney Smith

Assistant, Quinn Barfield

www.ymcasanangelo.org



Spring 2018 Youth Volleyball Clinic

Name: _____ D.O.B. _____

Age: _____ Grade: _____ School: _____

Address: _____ Zip: _____

Primary Contact Name: _____

Primary's E-mail Address: _____

(If no email, please put the player's firstname.lastname@saymca.com)

Cell Phone: _____ Cell Phone Carrier: _____

Alternate Contact Name: _____

Alternate Contact Cell: _____ Relation: _____

Division: _____ 3rd - 5th _____ 6th - 8th

T-shirt Size: _____ YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL

YMCA Mission: The San Angelo YMCA will serve the people in the community of all faiths and ages with emphasis on families and youth, to permit them to achieve their God-given potential in spirit, mind, and body through its programs, staff, facilities, and the community.

WAIVER: I hereby, for myself and my agents, waive and release any and all rights and claims which I may have, or which may accrue against the YMCA of San Angelo and its respective officers, agents, sponsors, or any employees for any injury which may be suffered in connection with my child's participation in this activity. I hereby acknowledge that this program provides no insurance coverage and my own insurance will be used in case of an accident. By signing below, I am giving my permission for my child's picture to be taken and used for promotional purposes of the YMCA Sports Department.

REFUNDS: Full refunds will be issued only upon cancellation of the program. Should a refund be requested prior to the first day of the clinic, a \$5.00 fee will be assessed.

Parent's Signature: _____ Date: _____

Parent's Name Printed: _____

Forms may be mailed to:
YMCA Youth Volleyball League
353 S. Randolph
San Angelo, TX 76903