

PASS, SET, SPIKE Spring Youth Volleyball League

The YMCA Youth Volleyball league is designed to introduce and advance the game of volleyball to players in the 3rd - 8th grade. Competitive and Developmental divisions are available.

Competitive teams must register as a team, formed by the coach. Equal playing time is not guaranteed and is determined by the coach. 7 players required to participate as competitive.

Developmental teams are formed according to grade, area, or previous team that the player played on. Players on Developmental Teams are guaranteed to receive equal playing time and play by traditional volleyball rules. This division is created to give players the opportunity to learn and prepare them for further play in their athletic careers.

Registration Dates: January 1 – February 23 Late Registration: February 24 – March 1

Program Fees: \$60 Y-Members / \$70 Non-Members \$15 fee applied to all late registrations Registration fees do not include uniforms

Program Information: 3rd – 8th grade students Bumper division: 3rd grade (Developmental Only) Setter division: 4th – 5th grade (Developmental and Competitive) Spiker division: 6th – 8th grade (Developmental and Competitive)

Season is scheduled to begin the last week of March and all teams are guaranteed 7 games. Games played on Monday, Tuesday and Thursday evenings at the Y and one off-site location (TBA).

Volunteer Coaches Needed!

To volunteer complete and submit the Y Volunteer Form.

Financial assistance is available to all who qualify. All forms are available online or at the Welcome Center.

FMI regarding this program and more:

YMCA Youth Sports Department (325) 655-9106 Youth Sports Director, Stacy Duffell Assistant, Quinn Barfield



Spring 2019 Youth Volleyball – Registration Form

| Name: | | | D.O.B | |
|---------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | | | | |
| Address | : | | Zip: | |
| Primary | Contact Name: | | | |
| Primary' | s E-mail Address: _ | | | |
| (If no em | nail, please put the | player's firstname.la | astname@saymca.com) | |
| Cell Pho | ne: | | Cell Phone Carrier: | |
| Alternat | e Contact Name: | | | |
| | | | Relation: | |
| Divisior | n (by grade) | | | |
| Bum | pers(3rd)Set | tters(4-5th)S | pikers(6-8th) | |
| League | Туре | | | |
| | | sted on submitted co rs will be moved to the I | Daches roster) Developmental League and placed on a team. | |
| Deve | Developmental (players registering as an individual) | | | |
| Player (| Classification: | _ReturningNe | w Player | |
| Team In | formation | | | |
| Fall 201 | 8 Team Name | | _ Fall 2018 Head Coach Name | |
| Do you v | want to return to th | ne same team? | | |
| **Compe | titive Teams must ł | nave at least 7 playe | ers on a team to participate in the league.** | |
| | permit them to achieve | • | ple in the community of all faiths and ages with emphasis on families and al in spirit, mind, and body through its programs, staff, facilities, and the | |
| against th in connect and my ow | e YMCA of San Angelo tion with my child's par vn insurance will be use | and its respective office ticipation in this activity | release any and all rights and claims which I may have, or which may accrue ers, agents, sponsors, or any employees for any injury which ma y be suffered 7. I hereby acknowledge that this program provides no ins urance coverage 2. By signing below, I am giving my permission for my child's picture to be ports Department. | |
| | Full refunds will be is will be assessed. | sued only upon cancellat | tion of the program. Should a refund be requested prior to the first game, a | |
| Parent's Signature: | | | Date: | |
| Parent | s Name Printed: | | | |
| Forms ma | ay be mailed to: outh Volleyball League | | | |

353 S. Randolph San Angelo, TX 76903