

Fall  
2017

# Volleyball LEAGUES



**For:** Students 3rd–8th Grade

**Registration:**

June 15th - August 25th

**Late Registration:** If Available

August 26th - September 1

\$15.00 Late Fee

**Season:** 7 game guarantee, beginning late March. Games will be played on Monday, Tuesday or Thursday evenings; Season Ending Tournament the last weekends of the season

**Venue:** San Angelo YMCA & one offsite location

**Divisions:** Teams will be grouped as follows :  
Developmental League  
3rd grade—**Bumper Division**  
Developmental & Competitive Leagues

4th-5th grade—**Setter Division**

6th-8th grade—**Spiker Division**

**Fees:**

YMCA Members \$50.00

Non-Members \$65.00

*\*This does not include league uniform\**

**FMI:**

YMCA of San Angelo

325-655-9106

Sports Department

Stacy Duffell or Brittney Smith

[sduffell@ymcasanangelo.org](mailto:sduffell@ymcasanangelo.org)

[bsmith@ymcasanangelo.org](mailto:bsmith@ymcasanangelo.org)

[www.ymcasanangelo.org](http://www.ymcasanangelo.org)

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

Competitive Teams will have to register as a team and are formed by the coach and can be brought in from all areas. 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. The league is a chance for players to learn and grow in the game of volleyball and prepare them for further play in their athletic careers. All teams are guaranteed to play 7 games.

All teams are coached by volunteers.

Scholarships are available. Application must be in by February 17.

See the Welcome Desk for more info.



## REGISTRATION DEADLINE

### August 25, 2017

**REGISTER online @ [www.ymcasanangelo.org](http://www.ymcasanangelo.org)**

**Click on the Register Online Button**



San Angelo YMCA  
Fall 2017 Youth Volleyball - **Registration Form**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

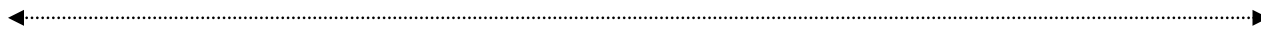
Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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 (by grade):

\_\_\_\_ Bumpers(3rd)      \_\_\_\_ Setters(4-5th)      \_\_\_\_ Spikers(6-8th)

League Type:

\_\_\_\_ Competitive (must be listed on submitted coaches roster)  
\_\_\_\_ Developmental (players registering as an individual)

Player Classification:      \_\_\_\_ Returning      \_\_\_\_ New Player

Team Information:

Spring 2017 Team Name \_\_\_\_\_ Spring 2017 Head Coach Name \_\_\_\_\_

\*\*Competitive Teams must have at least 7 players on a team to participate in the league.\*\*

\*\*Please make sure the head coach has turned in a volunteer form to coach\*\*

\*If the team does not make, players will be moved to the Developmental League and placed on a team.\*



**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 game, 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