



2017 Fall VOLLEYBALL CLINIC

PURPOSE: This clinic will focus on basic skill specific drills and team play skills essential for success in the game of volleyball. Instructors will focus on incorporating fun dynamic drills while working on footwork and conditioning essential to help the player grow in the game. The focus will be on a team concept while teaching the players the ability to compete in the game of volleyball.

FOR: All 3rd – 8th graders - two divisions (3rd-5th and 6th-8th)

\$50.00 Members/\$65.00 Non-Members : **COST**

WHEN: August 28-31, 2017

5:30pm – 7:30pm : **TIME**

WHERE: San Angelo YMCA Gyms

June 15 - August 28, 2017 : **REGISTRATION**

INSTRUCTORS: The clinic will be instructed by college and high school volleyball players or coaches with years of knowledge about the game of volleyball. All instructors will have a background and be up to date on volleyball skills and drills to enhance the play of each clinic participant.

CLINIC FORMAT: The clinic will be divided into two separate clinics depending on grade level of participant. Two divisions will be formed with instructors that work in advancing not only the individual skill but the team concept to prepare for the upcoming YMCA league or competition volleyball that the players are involved in. Camp will have at most an 8:1 camper:instructor ratio. We will have a limit on how many campers we allow n to the camp.

IF THE PARTICIPANT OWNS A VOLLEYBALL, PLEASE BRING IT TO THE CLINIC.

**T Shirts available to those who are registered by Friday, August 25th

Financial Assistance is available to all who qualify.

See the YMCA Welcome Center for more information.



SAN ANGELO YMCA
2017 FALL YOUTH VOLLEYBALL CLINIC
REGISTRATION FORM

Player's Name: _____

D.O.B: _____ Age: _____ Grade: _____ School: _____

Primary Contact Name: _____

Cell Number: _____ Cell Phone Carrier: _____

Primary E-mail Address: _____

Address: _____ Zip: _____

Alternate Contact's Name: _____ Cell: _____

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

T-shirt Size: YS YM YL AS AM AL AXL 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 also giving my permission for my child's picture to be taken and used for promotional purposes of the YMCA Sports Department. By signing this, I am also giving permission for my child's photo to be taken and used for the promotional purposes of the YMCA.*

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 service fee will be assessed.*

Parent Signature: _____ Date: _____

Parent's Name Printed: _____

Forms may be mailed to :
YMCA YOUTH VOLLEYBALL CLINIC
353 S. Randolph
San Angelo, TX 76903

*Full Refunds are available if requested before August 25, 2017
There will be a \$5.00 service fee assessed to all refunds.*

For more information : Stacy - Sports Director or Brittney - Asst. Sport Dir.
325- 655-9106 or sduffell@ymcasanangelo.org, bsmith@ymcasanangelo.org