

2017 SPRING LITTLE BUMPERS LEAGUE



This league is for first and second graders that are interested in the sport of volleyball. Participants in the league will meet once a week for six weeks to learn and grow in the sport of volleyball. The players will progress in the fundamentals and terminology associated with the game of volleyball. League will incorporate game play each week to progress each player in the sport. League will focus on basic skill specific drills and team play skills essential for success in the game.

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: 1st and 2nd graders

COST: \$45.00 Members/\$60.00 Non-Members :

WHEN: Every Tuesday starting on March 21st - league will go for 6 weeks

TIME: 5:30pm – 6:30pm

WHERE: San Angelo YMCA Gym

REGISTRATION: January 1st - March 20th, 2017



INSTRUCTORS: The clinic will be instructed by the YMCA youth sports director along with college and high school volleyball players or coaches with a wealth of knowledge of 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.



IF THE PARTICIPANT OWNS A VOLLEYBALL, PLEASE BRING IT EACH WEEK.

Financial Assistance is available to all who qualify.
See the YMCA Welcome Center for more information.



SAN ANGELO YMCA
2017 LITTLE BUMPER LEAGUE
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: _____

Division: _____ 1st grade _____ 2nd 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, staffs, 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 March 22nd, 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