

2017 Youth Volleyball COMPETITIVE LEAGUES



For: Students 4th–8th Grade

Registration:

January 1st–February 22

Late Registration: If Available

February 23–March 3

\$10.00 Late Fee

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

Venue: San Angelo YMCA & one offsite location

Divisions: Teams will be grouped as follows :
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

bsmith@ymcasanangelo.org

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

February 22, 2017

REGISTER online @ www.ymcasanangelo.org

Click on the Register Online Button



San Angelo YMCA
Spring 2017 Youth Volleyball - **Competitive Registration Form**

Name: _____ D.O.B.: _____

Age: _____ Grade: _____ School: _____

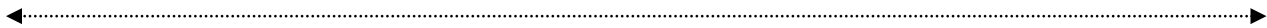
Address: _____ Zip: _____

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):
_____ Setters(4-5th) _____ Spikers(6-8th)

Spring 2017 Competitive 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