



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPIKE! YOUR! FUN! Youth Volleyball

The YMCA youth volleyball league is designed to introduce and advance the game of volleyball to players in the 3rd - 8th grades. Club and Recreational divisions are available.

Club teams: (For players with a little more experience in the sport or wanting to play with a certain group of players)
Players will need to register individually. Coaches must turn in a roster for the team. Equal playing time is not guaranteed and is determined by the coach. 7 players are required as a minimum on their roster to participate in club divisions. Players must be between 4th to 8th grade.

*3rd grade cannot sign up as a team and will compete in the recreational league. However, if the team is willing, they can choose to compete in the club 4/5 grade league.

Recreational teams:

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

*Players must be between 3rd to 8th grade.

Registration Dates:

May 22 - August 14, 2024

Late Registration: (late fees apply)

August 15 - August 21, 2024

Fees: \$60.00 for Y-Members
\$75.00 for Non-Members

BE A VOLUNTEER COACH.

To volunteer, please fill out the Y Volunteer Form and submit it to the Welcome Center, or complete the form online. All forms are available online or at the Welcome Center.

Volunteer coaches have varying levels of skill, knowledge, and experience. They will coach both practices and games and are not screened for knowledge; however, all coaches must pass a background screening.

The coach's meeting is scheduled for August 28. Time is TBA

Practices will start in early September.
Matchplay will start September 23, 2024

Coaching Clinic August 30, 2024

Register for Youth
Volleyball league and the
Clinic to receive

25% OFF

the clinic registration.
Restrictions might
apply.

Financial assistance is available!

Registration fees do not include uniforms

FMI regarding this program contact the YMCA Youth Sports Department @ (325) 655-9106

Youth Volleyball Registration Form

Participant Information:

First and Last Name: _____ DOB: _____

Age: _____ Grade: _____ Gender: F or M School: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Additional Information we may need to know (conditions, allergies, injuries): _____

Primary Contact Information:

First and Last Name: _____ Relationship: _____

Cell Phone Number: _____ Cell Phone Carrier: _____

Primary Contact Email: _____

****Communication done through email to the primary contact, please write legibly.****

Emergency Contact:

First and Last Name: _____

Cell Phone Number: _____ Relationship: _____

REGISTRATION FEES DO NOT INCLUDE UNIFORMS, SIZES WILL BE MADE AVAILABLE TO COACHES

T-shirt Size: YS YM YL AS AM AL AXL

(Circle One)

LEAGUE TYPE:

___ Club (must be listed on head coach's submitted roster)

If the team does not make it, players will be moved to the recreational league and placed on a team. Club coaches will need to turn in a separate roster found at the Welcome Center or by contacting the sports department.

Division (by grade)

___ Setters(4-5th) ___ Servers(6th) ___ Spikers(7th & 8th)

___ Recreational

Division (by grade)

___ Bumpers(3rd) ___ Setters(4-5th) ___ Spikers(6th, 7th, & 8th)

Player Classification: ___ Returning ___ New Player

TEAM INFORMATION

Spring 2024 Team Name _____ or Head Coach Name _____

Do you want to return to the same team? _____

****Club teams must have at least 7 players on a team to participate in the league.****

YMCA MISSION: The mission of the San Angelo YMCA is to serve the people on the community of all faiths and ages, with emphasis on families and youth, to permit them to achieve their God-given potential in mind, body, and spirit, 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 may accrue against the YMCA of San Angelo, and its respective officers, agent, sponsors, or any employees for any injury or any communicable illness such as COVID-19 which may be suffered in connection with my child's participation in the program. I hereby acknowledge that the program provides no insurance coverage, and my own insurance will be used in the case of an accident. By enrolling/registering my child in the program, myself and my agents understand and agree to follow all policies outlined in the Parent & Participant Handbook. (Can be found online at www.ymcasanangelo.org) I understand that I will automatically receive marketing communications from all outlets. If I decide to stop receiving these communications, I can choose to unregister at any time.

PHOTO RELEASE: Additionally, in consideration of being allowed to participate in YMCA membership and programs, I understand that images, video, and film footage are often used by the YMCA of San Angelo for promotional purposes. For my participation in activities to be conducted by the YMCA of San Angelo hereby give my permission and consent, now and for all time, to the YMCA of San Angelo, The National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of San Angelo to make, reproduce, edit, broadcast or rebroadcast any video film, footage, soundtrack recordings and photo reproductions of me/and or my narrative account of my experience at YMCA of San Angelo for publication, display, or exhibition thereof in promotions, advertising, and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

REFUNDS: Full refunds will be issued only upon cancellation of the program. Should a refund be requested prior to the first meeting. A \$10.00 fee will be assessed.

Parent's Signature: _____ Date: _____

Parent's Name Printed: _____