



VOLLEYBALL CLINIC | FEBRUARY 24 - 27

This pre-season clinic will give your child the preparation needed for the upcoming season. Participants will undergo skill instruction, drills, and games. Clinics are instructed by former players and coaches.

*This is a program that has limited capacity.

Registration Dates:

January 1 until first the day of clinic or no spots available

Program Fees:

\$50.00 for Y-Members | \$70.00 for Non-Members

Program Information:

- 3rd 8th-grade students
- Participants will be broken up into small groups to focus on skill level and growth for the level of play.
- The clinic is instructed by former High School coaches and players.
- · Participants will need to bring their own ball.
 - 3rd 5th graders Volley Lite
 - 6th 8th graders Regular Volleyballs
- 5:30 pm 7:30 pm at the YMCA or outside Volleyball Facility
- FINANCIAL ASSISTANCE IS AVAILABLE. TO APPLY FOR ASSISTANCE PLEASE SEE THE WELCOME CENTER OR VISIT WWW.YMCASANANGELO.ORG

REGISTRATION CAN BE DONE IN-HOUSE OR ONLINE AT WWW.YMCASANANGELO.ORG



Register for Youth
Volleyball league and the
Clinic to receive

25 % OFF

the clinic registration.

Restrictions might
apply.



YOUTH VOLLEYBALL CLINIC REGISTRATION FORM

PARTICIPANT INFORMATION:

Participants Name:			DOB:					
Age:	Grade: _		Gend	er: F or	М	Scho	ol:	
Mailing Address	:					(ity:	
State: Zip Code:			Additional Information we may need to know (conditions,					
allergies, injurie	s):							
Primary Conta								
First and Last Name:			Relationship:					
Cell Phone Number:			Cell Phone Carrier:					
Primary Contact	Email:							
Communica	tion do	ne thro	ugh ema	ail to th	e prima	ry conta	act, plea	se write legibly.
Emergency Co	ntact:							
First & Last Nan	1e:							
Cell Phone Number:			Relationship:					
T-shirt Size: (Circle One)	YS	YM	YL	AS	AM	AL	AXL	
Grade:		3rd - 5th						6th - 8th
YMCA MISSION: The mission them to achieve their God-g			-			hasis on families and youth, to permit		
officers, agent, sponsors, o participation in the program By enrolling/registering my	r any employee n. I hereby ackn child in the pro w.ymcasanange	s for any injur nowledge that ogram, myself elo.org) I under	ry or any com the program and my agent rstand that l	municable illn provides no ir s understand will automatic	ess such as CC nsurance cover and agree to f	OVID-19 which age, and my o follow all polic	n may be suffere wn insurance wi ies outlined in t	CA of San Angelo, and its respective of in connection with my child's lill be used in the case of an accident. The Parent & Participant Handbook. all outlets. If I decide to stop
footage are often used by t give my permission and con of America (YMCA of the US soundtrack recordings and I	he YMCA of Sa sent, now and A) and third pa photo reproduc rtising, and leg	n Angelo for p for all time, to arties collabor tions of me/a pitimate busing	oromotional pother YMCA on ating with YM and or my nariess uses with	ourposes. For i f San Angelo, MCA of San An rative account out any comp	my participatio The National (ngelo to make, of my experie ensation to, an	on in activities Council of You reproduce, ed ence at YMCA and/or claim, by	to be conducteding Men's Christi it, broadcast or of San Angelo fo me. I may, or m	d that images, video, and film d by the YMCA of San Angelo hereby an Associations of the United States rebroadcast any video film, footage, or publication, display, or exhibition lay not be, identified in such vices.
	' meeting but t the first game. rt of the leagu	pefore the firs e fee, any rep	t game will re	esult in up to	50% of the reg	jistration fee l	peing retained b	r a \$5.00 processing fee. Refunds y the YMCA of San Angelo. No t jersey) will require the
Parent's Signatu		Date:						