



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LEARN DEVELOP THRIVE

## Fall Youth Volleyball Clinic

August 31 – September 3, 2020

This clinic will focus on basic skill specific drills and team play skills essential for success. Instructors will focus on incorporating fun dynamic drills while working on footwork and conditioning.

**Registration Dates:**

Now – August 31, 2020

**Program Fees:** \$50 Y-Members / \$60 Non-Members

**Program Information:** 3rd – 8th grade students

Participants will be broken up into small groups and remain in those groups for the duration of the camp. Groups will not mix.

5:30 pm – 7:30 pm at the YMCA

Instructors will consist of college/high school players and/or coaches who have extensive backgrounds and experience playing and coaching volleyball. All instructors must pass a background check.

**Participants must bring their own ball. Screening procedures in place prior to entry into the facility.**

**Financial Assistance is available.**

**Submit your application and receive a response 7 – 10 business days later.**

**FMI regarding this program and more:**

YMCA Youth Sports Department (325) 655-9106

Youth Sports Director, Stacy Duffell

Assistant, Quinn Barfield

[www.ymcasanangelo.org](http://www.ymcasanangelo.org)



Register for league and clinic and save 25%  
Restrictions apply.  
Only (1) discount can be applied.



## Fall 2020 Youth Volleyball Clinic

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: \_\_\_\_\_

Grade: \_\_\_\_\_ 3rd - 5th \_\_\_\_\_ 6th - 8th

T-shirt Size: \_\_\_\_\_ YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ 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 giving my permission for my child's picture to be taken and used for promotional purposes of the YMCA of San Angelo.

**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 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