



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PASS, SET, SPIKE

Fall Youth Volleyball League

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

Club teams must register as a team, formed by the coach. Equal playing time is not guaranteed and is determined by the coach. 7 players required to participate in the club division.

Recreational teams are formed according to grade, area, or previous team that the player played on. Players on recreational teams are guaranteed to receive equal playing time and play by traditional volleyball rules. This division is created to give players the opportunity to learn and prepare them for further play in their athletic careers.

Registration Dates: Now - August 26, 2020

Late Registration: August 27 - September 2, 2020

Program Fees: \$55 Y-Members / \$65 Non-Members

\$15 fee applied to all late registrations

Registration fees do not include uniforms

Program Information: 3rd - 8th grade students

Bumper division: 3rd grade (Recreational Only)

Setter division: 4th - 5th grade (Recreational and Club)

Server division: 6th grade (Recreational and Club)

Spiker division: 7th & 8th grade (Club Only)

Season: October 5 - November 21, 2020.

One game per week on Monday, Tuesday or Thursday evenings at the Y.

Volunteer Coaches Needed!

To volunteer; complete and submit the Y Volunteer Form to the Welcome Center.

Financial assistance is available to all who qualify. All forms are available online or at the Welcome Center.

SAFETY MODIFICATIONS IN PLACE!

- Temperature and symptom screenings upon entry.
- Face coverings are required for all spectators ages 10+. Players are not required to wear coverings while on the court.
- Spectators must sit on their designated bench and social distance when possible.
- One spectator per player.
- Matches will be broadcast via ZOOM.

* All guidelines are subject to change in accordance to state guidelines.



FMI regarding this program and more:

YMCA Youth Sports Department (325) 655-9106

Youth Sports Director, Stacy Duffell

Assistant, Quinn Barfield

www.ymcasanangelo.org

Fall 2020 Youth Volleyball – 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)

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

League Type

Club (must be listed on submitted coaches roster)

If the team does not make, players will be moved to the recreational league and placed on a team.

Recreational (players registering as an individual)

Player Classification: Returning New Player

Team Information

Spring 2020 Team Name _____ Spring 2020 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 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