



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# VOLLEYBALL STARTS HERE

## Spring Youth Volleyball League

The YMCA Youth Volleyball league is designed to provide an opportunity for area youth to learn, grow and thrive. The Y's Youth Sport Department provides recreational and club leagues.

**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 the fundamentals associated with team sports and volleyball specific skills.

**Club teams** are for experienced teams looking for a bridge to more competitive play. Teams are formed by the coach, registration as an individual player is not available. Playing time is at the discretion of the coach. Club games include (2) officials and will be played on specific days of the week.

Volunteer coaches have a varying level 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.

**Program Information:** Must be 8 years of age to play.

Recreational: 3rd - 8th grade

Club: 4th - 8th grade

**Registration Dates:** January 15 - February 24, 2021

Late Registration: February 25 - March 3, 2021

**Program Fees:** \$60 Y-Members / \$70 Non-Members

\$15 fee applied to all late registrations

Registration fee includes a uniform top.

**Financial assistance is available!**

**Season:** March 29 - May 22, 2021

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

**FMI regarding this program contact the** YMCA Youth Sports Department @ (325) 655-9106 or [ymcasanangelo.org](http://ymcasanangelo.org).



### BE A VOLUNTEER COACH.

To volunteer; complete and submit the Y Volunteer Form to the Welcome Center. All forms are available online or at the Welcome Center.

### SAFETY MODIFICATIONS IN PLACE!

#### THE SUCCESS OF OUR LEAGUE REQUIRES YOUR UNDERSTANDING!

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.

## Spring 2021 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: \_\_\_\_\_

**Shirt Size:** \_\_\_YS \_\_\_YM \_\_\_YL \_\_\_AS \_\_\_AM \_\_\_AL \_\_\_Other

### 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

Fall 2020 Team Name \_\_\_\_\_ Fall 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. Refunds will be not issued should a team be required to forfeit games due to COVID-19 related issues.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name Printed: \_\_\_\_\_

Forms may be mailed to:  
YMCA Youth Volleyball League  
353 S. Randolph  
San Angelo, TX 76903