



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YOUTH VOLLEYBALL CLINIC

February 26 – February 29, 2024

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 15 until first day of clinic fullion or full

## Program Fees:

\$50.00 for Y-Members | \$65.00 for Non-Members

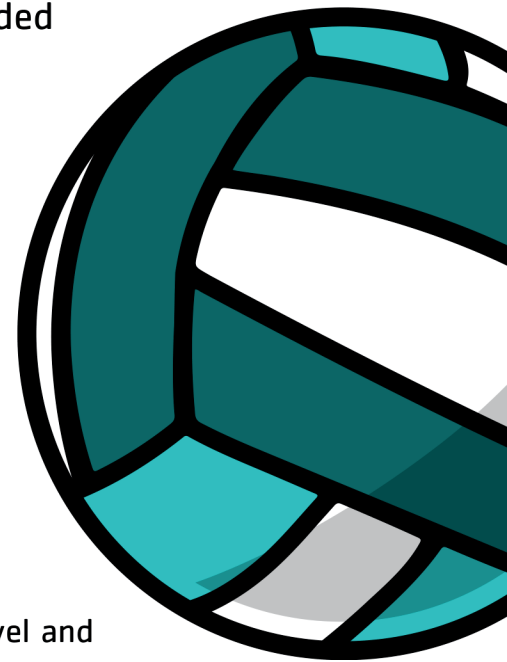
## Program Information:

- 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.
- 5:30 pm - 7:30 pm at the YMCA or outside Volleyball Facility
- FINANCIAL ASSISTANCE IS AVAILABLE.

Register for Youth  
Volleyball league and the  
Clinic to receive

**25 % OFF**

the clinic registration.  
Restrictions might  
apply.



Register online at [www.ymcasanangelo.org](http://www.ymcasanangelo.org) or in-person at the Welcome Center.

**\*When registering online, discounts might not be applied automatically.**

**For more information, contact the Youth Department at 325.655.9106**

# Youth Volleyball Clinic 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: \_\_\_\_\_

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

(Circle One)

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

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

**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:** \_\_\_\_\_

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