



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YOUTH VOLLEYBALL CLINIC

August 23 - 26, 2021

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:

June 14 - August 23, 2021

Program Fees: \$50 Y-Members / \$60 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
- Financial assistance is available.

Register for Youth
Volleyball league and the
Clinic to receive

25 % OFF

the clinic registration.
Restrictions might
apply.

Register online
www.ymcasanangelo.org
or in person
at the Welcome Center.

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



FMI regarding this program and more contact the YMCA Youth Sports Department (325) 655-9106
Youth Sports Director, Stacy Duffell Assistant, Quinn Barfield or visit www.ymcasanangelo.org

Fall 2021 Youth Volleyball Clinic - Registration Form

Name: _____ D.O.B. _____

Age: _____ Grade: _____ School: _____

Address: _____ Zip: _____

Primary Contact Name: _____

Primary's E-mail Address: _____

(Communication and schedule access is done through primary email. Please write legibly.)

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 an 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