



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Little Bumpers League

The Y has designed a league for 1st and 2nd graders who have an interest in learning more about the sport of volleyball. This 6-week program will meet once a week and focus on the fundamentals of the game with modified playing specs and equipment. The league is designed to teach terminology, basic fundamental skills, both individual and team. The instructors will utilize fun, dynamic drills teaching footwork and conditioning.

Registration Dates

January 15 until the first day of league or full

Program Information:

1st & 2nd-grade students

League begins:

March 18 - April 24, 2024

Two sessions are available

Session I: Monday, 5:15 pm - 6:00 pm (1st grade)

Session II: Monday, 6:15 pm - 7:00 pm (2nd grade)

Program Fees:

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

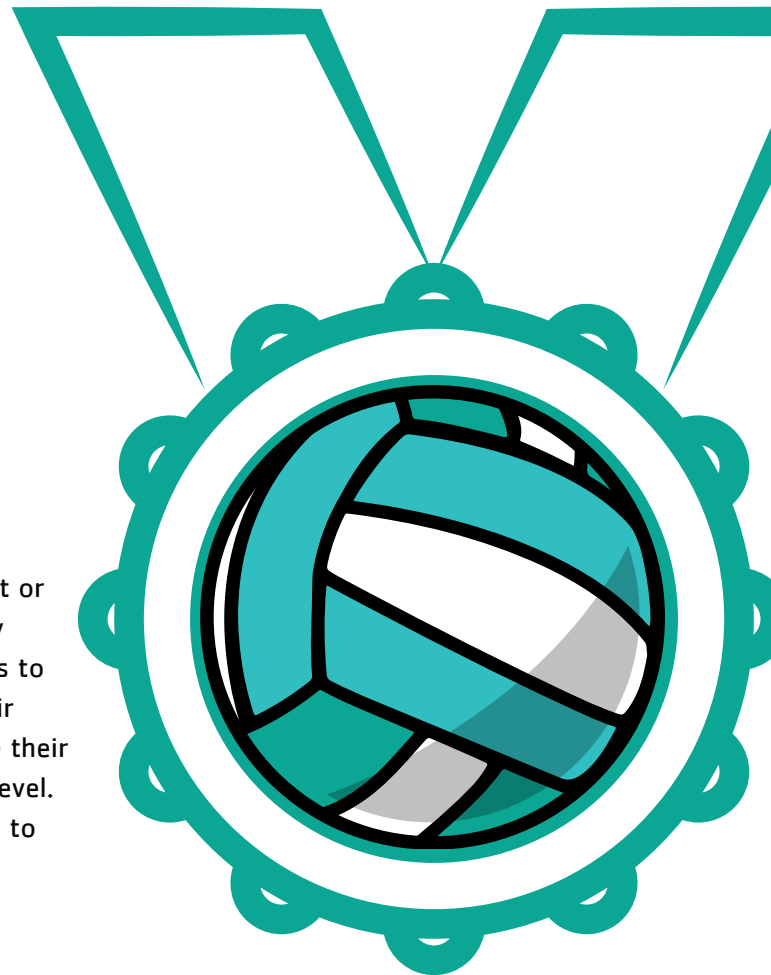
The child can be enrolled in either session, whether they are in 1st or 2nd grade. However, we would like to enhance their experience by enrolling in the session geared toward their grade level. Our aim is to enhance grouping for better cohesion, enabling us to cater to their needs effectively during this league/camp we would like to enhance their experience by enrolling in the session geared toward their grade level. Our aim is to enhance grouping for better connection, enabling us to cater to their needs effectively during this league/camp.

Financial Assistance is available to all that qualify.

Applications are available at the Welcome Center
or online at www.ymcasanangelo.org.

The application process takes 7 - 10 business days.

For more information regarding this program and more
YMCA Youth Sports Department (325) 655-9106



**THIS IS A PROGRAM THAT HAS
LIMITED CAPACITY**

Little Bumpers 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: _____

Session to attend: _____ **5:15 pm – 6:00 pm**
(1st grade focus)

_____ **6:15 pm – 7:00 pm**
(2nd grade focus)

T-shirt Size:
(Circle one)

YXS

YS

YM

YL

AS

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)

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 myself and my agents, participation in activities to be conducted by the YMCA of San Angelo hereby give myself and my agents, 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 myself and my agents, and or myself and my agents, 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 myself and my agents. 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