



2010 Spring Volleyball Clinic

PURPOSE: This clinic will focus on basic skill specific drills and team play skills essential for success in the game of volleyball. All participants will receive a clinic t-shirt.

FOR: All 3rd – 8th graders

COST: \$50.00 Members/\$65.00 Non-Members

WHEN: February 22–February 25, 2010

TIME: 6:30pm – 8:30pm

WHERE: San Angelo YMCA Gymnasium

REGISTRATION: January 4–February 22, 2010

INSTRUCTORS: The clinic will be instructed by individuals from Concho Valley Volleyball Association with great knowledge of the game of volleyball. They may include college and high school volleyball players.

* *If the participant owns a volleyball, please bring it to the clinic.

**Financial Assistance is available to all who qualify.
See the Welcome Center for more information.**

Refunds are available if requested *before February 22nd, 2010*. There will be a *\$5.00* service fee assessed to all refunds.

For more information : Angel Flores (Youth Sports Director)
655-9106 or aflores@zipnet.us

YMCA Mission: The YMCA will serve the community of San Angelo in all ages and faiths with emphasis on families and youth, to permit them to achieve their God given potential in spirit, mind and body through its programs, staffs, facilities, and the community.

San Angelo YMCA
2010 Youth Spring Volleyball Clinic
Registration Form

Name: _____

Address: _____ Zip: _____

Home Phone: _____ D.O.B: _____

Age: _____ Grade: _____ School: _____

Fathers Name: _____ Work/Cell: _____

Mothers Name: _____ Work/Cell: _____

Parent's E-mail Address: _____

Emergency Contact: _____

(other than parent) Phone #: _____

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

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.

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 service fee will be assessed.

Parent Signature: _____ Date: _____

Forms may be mailed to : YMCA YOUTH VOLLEYBALL CLINIC
353 S. Randolph
San Angelo, TX 76903

FOR STAFF USE ONLY

Amount Paid: _____