



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUTH VOLLEYBALL CLINIC

August 21 – August 24, 2023

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:

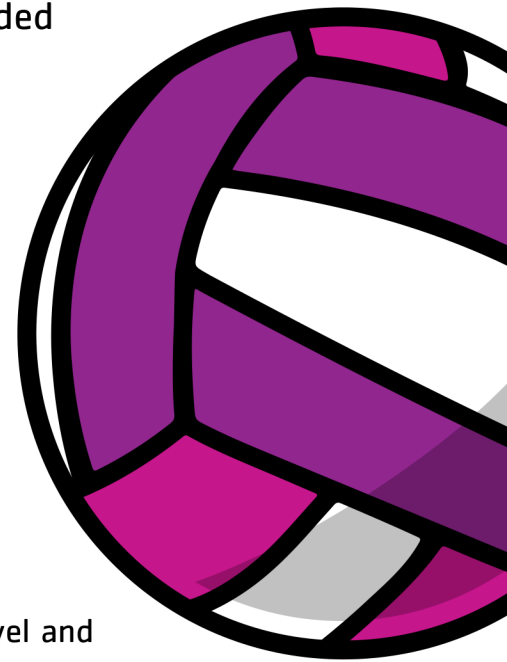
May 15 until clinic is full

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/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 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 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 \$10.00 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**