



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUTH VOLLEYBALL CLINIC

August 19 – August 22, 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:

May 22 until first day of clinic 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 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) I understand that I will automatically receive marketing communications from all outlets. If I decide to stop receiving these communications, I can choose to unregister at any time.

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**