

YOUTH VOLLEYBALL LEAGUE

March 26 - May 7

Open to
Students 1st-8th
grade

**Practice Times:
Up to the Coach**

Games held Saturdays
starting at 8 a.m.
at the Y

REGISTRATION DEADLINE: FEBRUARY 27

\$40 MEMBERS

\$55 NON-MEMBERS



REGISTRATION

Questions? Contact Cisco Fuller at 217.222.9622, EXT. 212.



Registration Deadline: February 27
Member: \$40 NonMember: \$55

Quincy Family YMCA Youth Volleyball Registration Form

Athlete's Name:	Birthdate:
School (be specific for teams):	Grade: 1st 2nd 3rd 4th 5th 6th 7th 8th
Parent Name:	Primary Phone:
Email:	
<input type="checkbox"/> Check here if you would like to sign up for mobile text alerts (i.e.-game cancellations)	

Please circle your child's T-shirt size:

YS	AM
YM	AL
YL	AXL
AS	Other:

Would you like to volunteer to coach a team? If yes, please fill in below.

Coach's Name: _____

Coach's Cell phone: _____

Coach's Shirt size: _____

If you would like to request a team, please write the team name or coach's name below. (requests aren't guaranteed.)

Financial Assistance: At the YMCA, we want every child to have the opportunity to participate, so we don't want anyone to miss out on playing due to lack of funds. We don't turn anyone away due to inability to pay, so please ask the front desk for assistance.

Would you consider helping to support our youth sports programs to ensure every child can afford to participate? Even a small contribution helps us provide scholarships to youth in the community and helps us maintain our equipment.

Full Registration Level: \$55 _____ Equipment Cost Level: \$25 _____

Half Registration Level: \$27.50 _____ Other: (\$15, \$10, \$5) _____

Contact me about volunteer support (non-coaching), equipment donation, larger sponsorship opportunities, etc.

This is a drafted league and the participant can be drafted on to any team. Switching teams is not allowed after the draft unless approved by the YMCA Sports Director. Each athlete entering a new league level must be entered into the draft.

I, the undersigned parent or legal guardian of the above named minor, do hereby give my consent and agree that he/she may participate in Quincy YMCA programs. I understand that the YMCA, its staff, volunteers, Board of Directors or anyone designated by the YMCA to work with the participants assumes no responsibility for anyone in case of any loss by accidents or injury to persons or property as a result of any child using YMCA property or participating in a YMCA program and I hold same harmless for any such occurrence.

I further understand that the YMCA does not carry any medical or accident insurance for injury or loss for persons using the YMCA facilities involved in YMCA programs, and I am responsible for adequate medical insurance and insurance for loss of theft of property. My understanding of these matters is witnessed by my signature below.

I agree to abide with the following YMCA policy. No child 8 and under can be at the YMCA without a parent or guardian on the premises unless they are participating in a YMCA program. This policy is for the safety and security of every child.

ONLY 50% of your program service fee is refundable. These refunds can only be given before the 1st game and if ALL issued equipment is turned back in. NO refunds will be issued after the 1st game.

Parent/Guardian Signature: _____ Date: _____

YMCA Mission

To put Christian principles into practice through programs that build healthy spirit, mind and body for all. No one is ever denied participation or membership to the YMCA due to race, religion or inability to pay.