



VOLLEYBALL CLINIC



\$25 MEMBERS
\$35 NON-MEMBERS

REGISTRATION: 1/23 - 3/1

SATURDAY, MARCH 18TH

8:00AM-3:00PM

GRADES 1ST-6TH

For any questions please contact QFY Sports
Director at (217) 222 9622 Ext. 212

Youth Volleyball Clinic Registration Form



PLEASE PRINT CLEARLY

Athlete Name:		Birthdate:	
School:		Grade:/Level	
Parent Name:		Cell Number:	
Email:			
Address:			

Volunteer help with clinic is welcome!

Volunteer: Yes _____ No: _____

If Yes, please state name: _____

Cell Number: _____

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: \$50/65 _____

Half Registration Level: \$33 _____

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

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.

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.