YVOLLEYBALL™

We build strong kids, strong families, strong communities.

Calhoun County YMCA

Youth Volleyball, Fall 2010

REGISTRATION DATES: September 13 – October 16

AGES 8 – 14 Years Old
Season begins – October 30

United Way

Participant's Name:_____ Parent's Name:_____

Address:_____ City:_____ Zip:_____ Day Time #:_____

Age_____ Date of Birth:_____ School: _____ Grade:_____ Gender: Male / Female

Emergency Contact:_____ Relationship to Participant:_____

Address:_____ Home #:_____ Work #:_____

Email _____ Last Year Coach:_____

I will volunteer for (please circle one or more if interested): **Coach** **Assistant Coach** **Referee**
If you are interested in coaching or officiating, please ask for the forms to fill out

Volunteer assistance is essential to a successful youth program. THANK YOU FOR YOUR ASSISTANCE.

Window Decal $12 (child's first name): _____
Must Pre-Pay for Decals

Would you like to donate towards Friends of Youth: Enter Amount $ 1.00 5.00 10.00 Other _____
Help a child participate that cannot afford to ***Please Circle***

T-shirt Size (please circle one size): Youth-XS Youth-S Youth-M Youth-L
Adult-S Adult-M Adult-L Adult-XL

I hereby give approval for the participation of my child in any YMCA league activities and I assume all risks and hazards to such participation including transportation to and from activities. I waive, release, absolve, indemnify, and agree to hold harmless the YMCA, organizers, supervisors, officers, directors, coaches, participants, referees, and schools.

_____
Signature of Parent or Guardian **Date**

For more information, contact the Calhoun County YMCA (Located inside the Memorial Medical Plaza) 551-2562
YOU CAN MAIL THE REGISTRATION FORM AND CHECK TO 1300 N VIRGINIA, PORT LAVACA, TX 77979

FEES:	Annual Fee	League
YMCA Members	None	$35 Game Shirt Included
Program Members	$10 / year ***	$50 Game Shirt Included
Late Fees	$5 more after October 16	
$5.00 Discount for sibling		

***** All Program Members are required to pay an associate annual fee**
FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO QUALIFY

Reg fee: _____ Assoc fee:_____ Decal:_____ Late fee: _____ Disc: _____FOY: ____ Total:_____
Member I.D.:_____ Cash or Ck.#: _____ Receipt #: _____ Date: _____ Initials: _____