



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **YOUTH VOLLEYBALL LEAGUE**



**EARLY REGISTRATION:** January 14 - February 17

**LATE REGISTRATION:** February 18 - 24

**EARLY FEE:** \$28, Y-Member; \$38, Community

**LATE FEE:** \$40, Y-Member; \$50, Community

**LEAGUE NIGHTS:** 3rd/4th Grade, Tuesday

5th/6th Grade, Thursday

**\*\*SKILLS CLINIC - TBD - MEET YOUR COACH & TEAM\*\***

3rd/4th Grade: 6:00 pm - 7:00 pm

5th/6th Grade: 7:00 pm - 8:00 pm

\*Games start at the end of March

**\*\*REGISTRATION FORM ON BACK\*\***

# YOUTH VOLLEYBALL LEAGUE REGISTRATION FORM

NAME: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

PARENT PHONE: \_\_\_\_\_

GENDER: M or F

E-MAIL ADDRESS: \_\_\_\_\_

GRADE (please circle)    3RD/4TH    5TH/6TH

TSHIRT SIZE (please circle)    YS    YM    YL    YXL    AS    AM    AL    AXL

In consideration of my child's participation of the YMCA of Callaway County, I do hereby agree to hold free from any and all liability the YMCA of Callaway County and its respective officers, employees, volunteers and members, and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights for damages which my child may have or which may hereafter accrue to them arising out of or connected with there participation in any activities of the YMCA of Callaway County.

I do hereby further declare my child to be physically sound and suffering from no condition or illness that would prevent there participation in any activity of the YMCA of Callaway County. I acknowledge that they have either had a physical examination and have been given their physician's permission to participate, or that I have decided they can participate in this activity without the approval of their physician.

I hereby irrevocably release, consent and allow the YMCA of Callaway County and its agent to use my photograph/likeness/voice, including all persons as listed, as it pertains to my participation with the YMCA, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_