



SCOTTSBLUFF FAMILY YMCA YOUTH VOLLEYBALL

6 Week Session for Ages 6 to 12

Program Dates: Saturday Mornings at the YMCA, October 7–November 11

Registration Fee: \$50 members & \$55 non-members

Registration Deadline: Friday, September 22 ****NO REGISTRATIONS ACCEPTED AFTER SEPTEMBER 22****

Coaches Packet Pick-Up: Thursday, September 28, after 5:00

Keep Top Portion

Child's Name:						Grade:			
Age:		Date of Birth:				<input type="radio"/> Male		<input type="radio"/> Female	
Shirt Size:		YOUTH		XS S M L XL		ADULT		S M L XL	
Health Conditions:						<input type="radio"/> No		<input type="radio"/> Yes, please explain:	

**PLEASE PROVIDE ALL PARENT INFORMATION LISTED BELOW, EVEN IF NOT ABLE TO HELP COACH.
IT IS IMPORTANT THAT WE HAVE THIS INFORMATION IN ORDER TO EFFECTIVELY COMMUNICATE PROGRAM DETAILS.
ALL VOLUNTEER COACHES WILL RECEIVE A FREE YOUTH REGISTRATION CARD TO USE FOR FUTURE YMCA YOUTH PROGRAM.**

Can you help coach? <input type="radio"/> Yes <input type="radio"/> No		IF YES, PLEASE MAKE SURE THE PARENT INFO PROVIDED BELOW IS THAT OF THE COACH.	
Parent/Guardian:			
Date of Birth:		<input type="radio"/> Male <input type="radio"/> Female	
Address:			
Phone Number:		Email:	

Emergency Contact:	Emergency #:
---------------------------	--------------

I understand and am aware that my child will/may be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the YMCA's program, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Scottsbluff Family YMCA and its staff conducting this YMCA program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accidental or otherwise) during, or arising in any way from the program. I also understand that the Scottsbluff Family YMCA may use, for publicity and/or promotional purposes, my (or my child's) name or pictures participating in this program, without obligation or liability to me or my family.

Parent/Guardian Signature:	Date:
-----------------------------------	-------

FINANCIAL ASSISTANCE AVAILABLE