



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Youth Volleyball Clinic

SERVE, SET, SPIKE!

ROCKLAND COUNTY YMCA

VOLLEYBALL CLINIC - at the Village of West Haverstaw gymnasium.
Receive instruction from one of Rockland's top coaches.

Learn basic skills, fundamentals of offensive and defensive volleyball while providing a clear understanding of the sport.

Tuesday Dates: 6:30pm - 8 pm
September 17, 24 Oct. 1, 8, 15, 22, 29

Saturday Dates: 9 am - 10:30 am
Oct. 5, 12, 19, 26 Nov. 2, 9, 16

Cost:
\$40 YMCA members/ \$90 Non-members

Ages 10-14



ROCKLAND COUNTY YMCA-at Village of West Haverstraw Community Center
130 Samsondale Ave. West Haverstraw NY 10993

Registration Form 2019

Participant Name _____ Age: _____
Gender: Male Female
Birthdate _____ School Attending: _____ Grade: _____

Class: Tuesday Volleyball Saturday Volleyball BOTH DAYS

FAMILY INFORMATION

Parent/Guardian _____ Home phone _____
Home Address _____
Street City State Zip
Cell Phone: _____ Work Phone: _____
Email Address: _____

EMERGENCY INFORMATION / RELEASE OF CHILDREN

If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions.

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____
 Ok to pick up Ok to give emergency info

Does participant have allergies? Yes ___ No ___ If yes please provide specific information below

PERMISSIONS

___ Yes, in the event I, or my emergency contacts, am not able to communicate or cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the YMCA to properly treat the participant. I will be fully responsible for any costs of such treatment, even if not covered by insurance. I understand I must remain in the building / program site while the program is running - YMCA staff are not responsible to supervise kids outside of program hours.

___ Yes, The named participant is physically sound, having medical approval to participate in the activities of the YMCA. This information is correct as far as I know, and the person here in described has permission to engage in all prescribed program activities except as noted.

___ Yes, In consideration of the named participant's participation in the activities of the Rockland County YMCA, I hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with the named participant's participation in any of the activities of the YMCA

___ Yes, I give permission for the Y to use my child's photograph for public relations and/or marketing purposes.

I have read the entire application and the permissions. My signature acknowledges the permissions and authorizes the Rockland County YMCA to charge the above listed credit card in the amount of \$ _____ for payment.

I understand payments are non- refundable.

Signature: _____ Date: _____