



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VOLLEYBALL -GAME NIGHT

SERVE, SET, SPIKE!

ROCKLAND COUNTY YMCA

YOUTH VOLLEYBALL LEAGUE - Receive instruction from Rockland's top coaches. This recreational volleyball night emphasizes skill development and fun. Kids will learn the rules of the game as well as basics of setting, bumping and serving.

Our Y volleyball **GAME NIGHT** is recreational, but games will be quick and competitive. Coaches will be involved in teachable moments. This is a great time to put your skills to the test and do your best.

May 15 - June 26

Wednesdays - 7 weeks

6:45pm - 8:15pm

Cost:

\$60 for YMCA members

\$95 for Non YMCA members

Ages 11-15

Drop-In Rate

\$10 for YMCA Members

\$15 for Non-Members

Did you know the YMCA invented Volleyball?



Registration Form 2019 SPRING VOLLEYBALL GAME NIGHT

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

Volleyball League _____

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 pickup 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 nonrefundable.

Signature: _____

Date: _____