



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF HANNIBAL YOUTH VOLLEYBALL CLINIC REGISTRATION FORM

Who: 3rd Grade - 6th Grade
Where: YMCA of Hannibal Gym
Season: September 16th - October 21st (Saturday Mornings)
Time: 8:30am - 10:30am
Duration: 6 week Program
Registration: August 14th-September 10th 2017
Members: \$40 per child
Potential Members: \$54 per child
\$10 Drop-In rate

The YMCA is excited to be able to offer this brand new program! Through this 6 week clinic your child will be learning to develop the basic skills and techniques of the sport of volleyball from current and past **Hannibal LaGrange Women's Volleyball players!**

Name: _____ Sex: M F Birthday: ____/____/____
 Address: _____ City/State/Zip _____
 Phone: _____ E-mail _____ Height _____ Weight _____
 School _____ Grade _____ Age _____
 Special Health Needs/Requests _____
 Skill Level (circle one) A-advanced, B-Intermediate, C-beginner. Number of Years Experience _____
 Parent(s) Name(s) _____ Work Phone _____
 Guardian(s) Name(s) _____ Work Phone _____
 Emergency Contact _____ Relation _____ Phone _____

Agreement

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I Hereby authorize the YMCA to obtain medical treatment for my child in the event that parents and the emergency contact cannot be reached. I support the YMCA Youth Sports Philosophy, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement, and volunteer leadership. In support of this philosophy I agree to volunteer in any way I can to aid in creating a positive and successful environment for my youths team.

Signature of Participate: _____ Date _____

FOR OFFICE USE ONLY

Date _____ Amount Paid _____ Check # _____ Cash _____ Staff _____
 Put in Daxko _____ Code #30