



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Youth Volleyball

Salt Fork YMCA

This program is a 5 week co-ed instructional introduction to volleyball for youth grades 3rd-6th. Teams will be divided into 3rd and 4th graders and 5th and 6th graders. The program will consist of 4 weeks of games. Everyone who signs up will play. Teams will be lead by volunteer coaches. Parents are encouraged to help coach their child's team. Each team will get 1 hour of practice time a week. A Coach's Meeting will be held on Wednesday, September 5th. Practices will be held on Mondays and games on Wednesdays with the first games starting September 19. Practices will begin on September 10 and will be joint practices between similar grade group.



YOUTH VOLLEYBALL AGES:

3rd- 6th Grade



PROGRAM COST:

Early Bird Registration: Member \$20

Non-Member \$35

Program Registration: Member \$25

Non-Member \$35

**Financial Assistance is available*



IMPORTANT DATES:

Registration open now until Friday, August 31

Practice Begins: Monday, September 10

Games Begin: Wednesday, September 19



CONTACT:

Tyler Armstrong, Program Director

armstrong@saltforkymca.org

*For More Information, call (660)886-9622 or visit us online at saltforkymca.org



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Time: 5:30—6:30	Location: YMCA		
Practice Begin:	Monday, September 10	Games Begin:	Wednesday, Sept. 19
Early Bird Registration:	Friday, August 31	Member: \$ 20	Non-Member: \$ 35
Program Registration:	Wednesday, Sept. 5	Member: \$ 25	Non-Member: \$ 35
Practices:	Mondays/Wednesdays	Time: 5:30pm-6:30pm	

Everyone is Welcome! Ask us about Financial Assistance.

Players Name _____

Grade (1st-4th) _____ Male (or) Female _____ Birth Date ___/___/___ Skill Level (A is Highest) A B C

School Attending _____

Parent or Guardian Name _____

Street Address (City, State, Zip) _____

Emergency Contact Phone () _____ - _____

Parent Email (REQUIRED) _____

Parents, together we make a difference! – Please check the following, if you are willing to volunteer:

Coaching _____ Assistant Coach _____

Volunteer Name, Email, and Phone, if different from above:

Name _____

Email _____

Phone () _____ - _____



YMCA Jerseys available at front desk for purchase.

Waiver of Liability: I understand that the Salt Fork YMCA (YMCA) assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition, or resulting from my observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge the Salt Fork YMCA, its agents, servants, and employees from any and all claims of injury, illness, death, loss, or damage which I may suffer as a result of my participation in these activities.

Parents/Guardian Signature _____

**For more information contact:
Tyler Armstrong
Program Director**

Office Use Only			
Payment Type _____	Amount _____	Date _____	
Receipt _____	Member Service Initials _____		