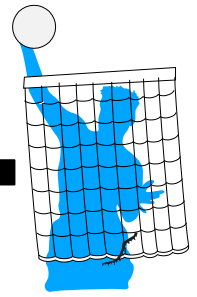


PICKAWAY COUNTY YMCA

TEEN VOLLEYBALL

AGES 11-15



Like all YMCA sports, the emphasis is placed on fun, fair play, sportsmanship, and learning. Through **CHARACTER DEVELOPMENT** we hope everyone involved in the program will promote and exhibit the values of **CARING, HONESTY, RESPECT, AND RESPONSIBILITY**. This includes players, parents, referees, and coaches.

SCHEDULE:

JULY 26th – SEPTEMBER 5THRegistration Period
 TUESDAY, August 31STKick-off & Mini-Volleyball Clinic at 6:15PM
 TUES & SAT, SEPTEMBER 7TH – NOVEMBER 6THVolleyball Practice/Games (Traveling involved).

COST: Full Member: \$40.00 Program Member: \$60.00
(Financial assistance is available to those who qualify)

YMCA programs are open to everyone, regardless of ability to pay. Through funds raised in our People Helping People Campaign and the generosity of our youth sports sponsors, we are able to provide financial assistance to those who qualify. If you feel that you may need financial assistance please secure the necessary forms at the YMCA Service Desk.

VOLUNTEERS NEEDED!

YMCA youth sports programs are not possible without the work of our volunteers. Those wishing to volunteer in this gratifying program while exhibiting the values of caring, honesty, respect, and responsibility are asked to fill out the volunteer portion of the registration form below. Coaches Meeting is required.

2010 Pickaway County YMCA Teen Volleyball League

All registrations must be in by Sunday, September 5th.

We will do our best to grant requests to be on another player's team. In the interest of fair play we can't always guarantee placement.

Player's Name: _____ Gender: M or F Age: _____ Birth Date: _____
 Height: _____ Playing Ability: _____ Little _____ Average _____ Above Average
 Full Member (\$40): _____ Program Member (\$60): _____ T-shirt size (Circle one) YM YL AS AM AL AXL
 Address: _____ City/Zip: _____ Phone: _____
 Parent/Guardian's Name _____ Cell #: _____ E-mail Address: _____

I do hereby stipulate and agree to indemnify and to hold forever harmless the YMCA of Central Ohio against any and all claims arising from my own or my child's own participation in the YMCA programs or activities.

Parent/Guardian's Signature: _____ Date: _____

_____ I would like to volunteer my time and be a role model for the young children involved in the YMCA Youth Sports League.
 (NOTE: Volunteers play an important part in creating an environment in which your child will have a wonderful playing experience with YMCA Sports.) (Please circle one) Coach Assistant Coach Team Sponsor (\$150)



YMCA MISSION: To serve the whole community through programs expressing Judeo-Christian principles that build a healthy spirit, mind and body.

