

# YMCA North Branch

# FALL TEEN VOLLEYBALL



## FALL 2010

**League Fees:**  
 \$40.00 Full/Metro Member  
 \$60.00 Program Member

**Late registrations will require a \$5.00 processing fee.**

**WHO:** Ages: 11-15

**WHEN:** Registration Dates: July 26<sup>th</sup> – Sept. 5<sup>th</sup>  
 Season Dates: Sept. 13<sup>th</sup> – Nov. 6<sup>th</sup>

**WHAT:** The emphasis of this league will be player development and teamwork. If you are a middle or high school player interested in improving your skills, this league is for you! YMCA Teen Volleyball will provide you the opportunity to build your skills in an environment where competition is kept in perspective. The core values of the YMCA: **Caring, Honesty, Responsibility and Respect** are fundamental to the league. Participants in this league will travel to area YMCA's for competition.

**Any questions please contact:**  
 Dolly Crespo at 885-4252 or email [dcrespo@ymcacolumbus.org](mailto:dcrespo@ymcacolumbus.org)  
 Please send registration form to:  
 YMCA North Branch 1640 Sandalwood Place Columbus OH 43229

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

### YMCA Fall Teen Volleyball Registration Form 2010

Participant's Name \_\_\_\_\_ School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Home) (\_\_\_\_) - \_\_\_\_\_ (Work) (\_\_\_\_) - \_\_\_\_\_

Gender: M/F Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Height \_\_\_\_\_ Skill Level: High Average Beginner

Email Address \_\_\_\_\_ Jersey Size: Youth: YM YL Adult: AS AM AL AXL

\*T-shirts run small.

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

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**I wish to volunteer for: (Please check one if interested)**

\_\_\_\_\_ **Coach:** I am willing to volunteer as a coach with the YMCA sports program while reinforcing the character development values of **CARING, HONESTY, RESPECT AND RESPONSIBILITY**. Coaches are required to fill out a volunteer application and attend a coaches meeting.

Coach's Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Phone Number (\_\_\_\_) - \_\_\_\_\_

\_\_\_\_\_ **Sponsor:** I would like to be a teen basketball sponsor. For a tax deductible donation of \$100.00 we will put your business name on a banner. You may also sponsor a child with a donation of \$60.00.

Sponsor's Name \_\_\_\_\_ Phone Number (\_\_\_\_) - \_\_\_\_\_

Staff  
Use  
Only

Amount Paid: \_\_\_\_\_ (Circle One) Metro Member or Program Member Staff Signature: \_\_\_\_\_

This program is not sponsored by any Central Ohio school district.