



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# SERVE. SET. SPIKE!

## FALL YOUTH VOLLEYBALL

Join us this fall with Youth Volleyball on our sports court at the YMCA Sports Center! This league is designed to emphasize skill development and fun. Participants will benefit from in-game experience and will learn the basics of serving, setting, passing and spiking in a non-competitive environment.

**Register your child(ren) at the main Y on Fulton Street or over the phone from August 14-September 22**

### AGES

Currently in Grades 3-8

### WHEN

STARTS THE WEEK OF: October 2-November 18

FIRST GAME: October 7

PRACTICES: 1 hour a week; games are on Saturdays

### WHERE

YMCA Sports Center, 3301 East Fir Street, Mount Vernon, WA 98273

### FEE

Member: \$62/player

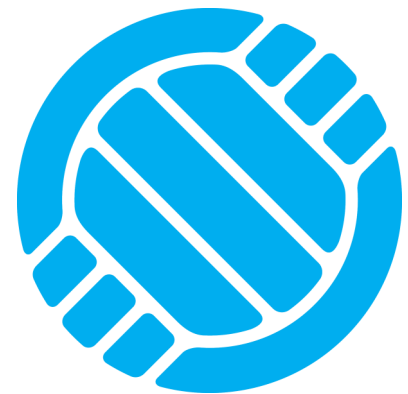
Program Member: \$72/player

\* Program Members (anyone without a full YMCA membership) are required to pay an additional annual fee \$15 per person (\$25 for two children, or \$30 for families with three or more) to register for all for YMCA programs.

### CONTACT

Sports Director, Jacob Clem

[j.clem@skagitymca.org](mailto:j.clem@skagitymca.org) or call 360 336 9622



### SKAGIT VALLEY FAMILY YMCA

215 East Fulton Street, Mount Vernon WA 98273

**P** 360 336 9622 **F** 360 336 9624 **W** [skagitymca.org](http://skagitymca.org)

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# 2017 FALL YOUTH VOLLEYBALL REGISTRATION

NAME \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ GRADE IN FALL 2017 \_\_\_\_\_ GENDER \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

SPECIAL CONSIDERATIONS (i.e. health conditions, medication, allergies, etc.) \_\_\_\_\_

SHIRT SIZE (circle one) \_\_\_\_\_ YM YL AS AM AL

**VOLUNTEER COACHES NEEDED!**  
**TEAMS WITHOUT COACHES WILL BE CANCELLED**

VOLUNTEER NAME (print) \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

**\* COACHES MEETING · SEPTEMBER 26 · 7PM · SPORTS CENTER \***

**PARTICIPATION & RELEASE OF LIABILITY**

**RELEASE/PARTICIPATION:** I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers, or guests.

**MEDICAL TREATMENT:** I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

**INSURANCE:** I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

**MEMBER CONDUCT:** I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the Skagit Valley Family YMCA. YMCA participation excludes Level 2 and Level 3 Registered Sex Offenders.

**PROPERTY LOSS:** The YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

**PHOTOGRAPH PERMISSION:** I give permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting Y programs.

PARENT/GUARDIAN (print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE USE ONLY			
AMOUNT PAID			
DATE	CODE: 06-1331		
CASH	CHECK	CARD	FA
STAFF INITIAL			