



Wabash County YMCA



We build Strong Kids, Strong Families, Strong Communities

GIRLS YOUTH VOLLEYBALL

- 3rd & 4th Grade
- 5th & 6th Grade

Registration Deadline: Wednesday, September 1st

Accepted with \$10 late fee after the 1st if there is room (child will be put on a waiting list)

Registration Fee: \$30 YMCA Member \$55 YMCA Basketball Program member only (\$5 multi-child discount)

\$125.00 Team Sponsor \$125.00

Sponsor Your Childs Team

Sponsor name _____

Email: _____

Sponsor name will appear on back of team's shirts.

Proceeds are tax deductible.

I would like to donate the following amount to help a less fortunate child participate in sports through the Strong Kids Initiative:

\$10 \$20 \$30 \$40 Other Amount: \$ _____

Player Name _____ M/F Birth date ____/____/____ Age _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone (_____) Cell Phone (_____)

Parent email _____

School Attending _____ Grade _____

Please List Special Health Concerns: _____

Special Requests: _____

Although we try very hard to accommodate as many people as possible, we cannot guarantee your request will be granted

Shirt	YXS	YS	YM	YL	AS	AM	AL
Size	(4-6)	(6-8)	(10-12)	(14-16)	(34-36)	(38-40)	(42-44)

VOLUNTEERS NEEDED

Without volunteers, our programs cannot exist. If you sign up to volunteer, you are guaranteed to be placed with your child's team. Please circle one of the following: **Coach **Assistant Coach****

Name of Volunteer(s) _____

Coach = Possibly coached in this sport or another or previously may have been an assistant coach

Assistant Coach = Possibly coached before with limited availability or never coached this sport, but interested

This waiver of liability must be signed by parent or legal guardian for registration to be valid. There is no insurance provided. As the parent or guardian of the applicant, I hereby certify that my child is in normal health & capable of safe participation in the YMCA Volleyball Program and release its representatives from any suit, injury claim or demand which might result from participation in the program. I hereby authorize the Wabash County YMCA, Inc. to obtain medical treatment for my child in the event that I cannot be reached. The YMCA has my permission to use photographs and/or videos of my child in YMCA promotional material. This waiver of liability & indemnify agreement is an express condition of participation in the program and is freely and knowingly executed.

YMCA NON-MEMBER PROGRAM PARTICIPATION POLICY

All non members who are entering the building to be spectators during a sports program must have a program day pass form on file with the YMCA front desk. Non-members are expected to enter and stay in the area where the program is being held. Any non-member or sibling of a non-member who wishes to enter the teen room or participate in unrelated activities inside the building, such as using either gym or swimming, must return to the front desk and purchase a Day Pass.

Any mistreatment of YMCA equipment or disruption of an event/activity or the act of not being in the designated area makes that person subject to expulsion from the designated area and/or returned to the parent involved with no further privileges during that activity that day. Repeated abuse of policy could result in being taken off of the non-member participant's pass list.

Parent/Guardian Signature _____ Date _____

Mail or drop off at: Wabash County YMCA, 500 S Cass St. Wabash, IN. 46992 Questions? Call 260-563-YMCA (9622)

Online: www.wabashcountymca.org