



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Kerr County YMCA 2017 Fall Volleyball

For Girls in grades 2 through 6

**Registration: May 1 – August 5**

Cost: \$80 per child before August 5

\$95 per child after August 5

First Game: September 8

Last Game: October 27

Playoffs October 27

Skills Assessment: Hal Peterson Middle School Gym, 2 p.m., August 5th



*CALL FOR MORE INFORMATION  
(830) 896-8000*

YMCA MISSION: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind, and body for all.

**REGISTRATIONS CAN BE MAILED WITH FEE ENCLOSED TO:**

**KERR COUNTY YMCA**

**P.O. BOX 290188**

**KERRVILLE, TX 78029**

**OR REGISTER ONLINE AT [WWW.KerryMCA.ORG](http://WWW.KerryMCA.ORG)**

\*Or drop the form with the registration fee at the YMCA office on the Hal Peterson Middle School Campus\*

\*DIRECTIONS: Turn by IHOP enter the school parking lot and follow the road around the back of the school to the gym parking lot. Look for our solid white building with the YMCA logos on the side\*

***Like us on Facebook to see what's going on at the YMCA!***



**Registration Form on Reverse Side**

# Registration Form for Fall Volleyball

CHILD'S NAME \_\_\_\_\_ Gender: M / F Age as of 08-20-18: \_\_\_\_\_

Shirt Size: Youth: S M L XL or Adult: S M L XL

DOB \_\_\_\_\_ Grade as of 8-20-18 \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

BEST CONTACT NUMBER: \_\_\_\_\_

HELPFUL INFORMATION (ex: cannot practice on Mondays, health issues, etc.) \*NO SPECIAL REQUESTS FOR TEAM PLACEMENT\*

**Volleyball Division:**  
(Please Circle One)  
  
2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> Grade  
  
\*4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> Grade  
  
\*4<sup>th</sup> Graders can choose to play up or down.

## CONSENT FOR MEDICAL TREATMENT (MINOR)/ RELEASE

### Initial:

\_\_\_\_\_ I will be responsible for my child's medical costs due to accident or illness.

\_\_\_\_\_ I will hold the Kerr County YMCA and its directors, officers, employees, volunteers and other agents harmless for incidents which may arise from participation in the Kerr County YMCA programs and activities, realizing that there are risks in these activities.

\_\_\_\_\_ I give permission for photographs of my child(ren) to be used solely for publicity and training purposes by the Kerr County YMCA.

\_\_\_\_\_ I understand all refund/credit requests must be done in writing and there will be no refund/credit after the first games.

\_\_\_\_\_ I will encourage good sportsmanship by my actions towards coaches, referees and YMCA Sports staff. Failure to do so may result in the loss of participation privileges.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## COACHING & VOLUNTEER OPPORTUNITIES

\_\_\_\_\_ YES!! I would like to participate as a volunteer: (circle one) OFFICIAL COACH ASST. COACH TEAM PARENT

## Y-PARTNERS OPPORTUNITIES

\_\_\_\_\_ YES!! I would like to be a Y-PARTNER and help sponsor another child: (circle one) \$10 \$25 \$50 \$100 OTHER \_\_\_\_\_

\_\_\_\_\_ YES!! I would like to be a Y-PARTNER and sponsor my child's team

## ALL INFORMATION COLLECTED IS STRICTLY CONFIDENTIAL.

All information gathered is NOT related to any fees you may be charged by the YMCA. Our funding streams require the YMCA to report this information on ALL the people we serve regardless of income level or other qualifications for assistance. Please answer each of the following questions as accurately as possible and thank you for your time.

### What ethnicity is your child? (Check only one)

- African American  American Indian, Eskimo  Asian American  
 Anglo  Hispanic/Spanish  Other

### Please check the category that best represents your total gross income during the past 12 months.

- Less than \$5,000  \$15,000 - \$24,000  Greater than \$50,000  
 \$5,000 - \$9,999  \$25,000 - \$34,999  
 \$10,000 - \$14,999  \$35,000 - \$49,000

### Describe the household:

- Single Adult Female  Single Adult Male  Two Adult Household  Other Family Household