Kerr County YMCA
2020 Fall Volleyball

For Girls in grades 2 through 6

Registration: May 1 – August 2
Cost: $80 per child before August 2
    $95 per child after August 2
First Game: September 12
Last Game: October 31

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

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
*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 08-20-20: __________

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

DOB ___________________________  Grade as of 8-20-20 ___________________________  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*

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

Volleyball Division: (Please Circle One)

2nd, 3rd & 4th Grade

4th, 5th & 6th Grade

4th Graders can choose to play up or down.