



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Kerr County YMCA 2021 Fall Volleyball

For Girls in grades 2 through 6
Registration: May 15 – August 8
Cost: \$80 per child before August 8
\$95 per child after August 8
First Game: September 11th
Last Game: October 30th



*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 08-16-21: _____

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

DOB _____ Grade as of 8-16-21 _____ 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: _____

**Volleyball
Division:**
(Please Circle One)

2nd, 3rd & *4th
Grade

*4th, 5th & 6th
Grade

*4th Graders
can choose to
play up or
down.

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