



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

# **PUT YOUR HANDS UP**

## **YOUTH VOLLEYBALL**

**Registration January 15th- February 29th**

**For grades 5th- 8th**

**Program runs: March 6th - April 28th**



### **Times:**

**5:00p-5:45p Tue/Thur**

Children will be placed on teams and practice on Tue/Thur. When Saturday games begin (March 17) they will practice once per week. Each child will receive a team shirt with registration fee.

\$25 for Members

\$40 for Non-Members

Program Director Robert Giglio

robertg@grantcountyyymca.org

(Please Circle ONE) Members \$30

Non-members \$45 (Please Circle ONE) Shirt Size YS YM YL

Child's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School child attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_



Mother's name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I understand and accept all the risk of injury or accidents that may occur while being part of any Grant County YMCA Youth Sports Program. I will not hold the YMCA, employees, or contractors responsible for any injuries that may arise from participating in any YMCA sports program.

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