

2010 Youth League YVOLLEYBALL

We build strong kids, strong families, strong communities.

<p><u>1st-3rd GRADE DIVISION</u></p> <p>January 11 6:30-7:45PM Training Session 7:45-8:30PM Coaches' Meeting</p> <p>January 18 6:30-8:30PM Training Sessions</p> <p>January 25-March 15 League play *All games on Mondays beginning at 6:30PM</p>	<p><u>WHO:</u> Boys & Girls in Grades 1-6</p> <p><u>Divisions:</u> <<1st-3rd Grade and 4th-6th Grade>></p> <p><u>REGISTRATIONS:</u> December 7 to January 4</p> <p><u>COST:</u> \$25 YMCA members \$50 nonmembers</p> <hr/> <p>Please contact the PIKE COUNTY YMCA 740-947-8862 www.pikecountymca.org</p>	<p><u>4th-6th GRADE DIVISION</u></p> <p>January 12 5:30-6:15PM & 6:15-7:30PM (2) Training Sessions 7:30-8:30PM Coaches' Meeting</p> <p>January 19 5:30-8:30PM Training Sessions</p> <p>January 26-March 16 League & Tournament play *All games on Tuesdays beginning at 5:30PM</p>
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YMCA YOUTH VOLLEYBALL LEAGUE

Please return to the YMCA Front Desk with payment by **Monday, January 4, 2010**

Name: _____ D.O.B.: _____ Grade: _____ School: _____

Address: _____ City: _____ Zip: _____

Parent's Name: _____ Phone (_____) _____

E-Mail Address: _____ YMCA Member: YES NO

Most League Correspondence will be done through e-mail. Please print clearly!

Shirt Sizes: (Please Circle)

Youth: MEDIUM (10-12) LARGE (14-16) **Adult:** SMALL MEDIUM LARGE X-LARGE

Name of Parent to Volunteer Coach: _____ Shirt: _____

My Business or I would like to sponsor a team: _____

**The cost to sponsor a team is \$200.00. Sponsor (Businesses) names will be put on the team's shirts.*

I, the parent/guardian of the child named above, verify that the information given is correct and do hereby release and discharge the Pike County YMCA, its staff, coaches, officials and volunteers from any and all claims of damages in any manner arising from his/her participation in the 2010 YMCA Youth Volleyball program. Furthermore, I authorize the use of photos taken during said program to be used for official Pike County YMCA publications.

Parent/Guardian Signature: _____ Date: _____