



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY



2019 Volleyball Registration

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Participant Status: (Check One) Y Member: _____ Program Member: _____

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Participants Information:

First Name: _____ Last Name: _____

Birth Date: _____ Age: _____ Male/Female (Circle One)

Years of Volleyball Experience: _____ T-Shirt Size: (Circle One) YS YM YL AS AM AL AXL

Mailing Address: _____

Parent/Guardian Name: _____ Phone: _____

Relationship to the Participant: _____ E-mail: _____

Age Matrix: (Circle the age group based on your child's grade.)

***\$15 Late Fee Applies for registrations received between February 3rd and 9th.**

Age Group	Y Member Fee*	Program Member Fee*
3rd/4th Grade	\$35	\$50
5th/6th Grade	\$35	\$50
7th/8th Grade	\$35	\$50
High School	\$35	\$50

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Volunteer:

_____ **YES! I would like to volunteer for YMCA Youth Volleyball as a:** Coach Asst. Coach Referee (Circle One)

Volunteer Name: _____ Shirt Size: _____ Contact Number: _____

Consent for Medical Treatment:

As the parent or legal guardian of the above named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed physician. The care may be provided under whatever conditions necessary to preserve the well being of my participant.

Parent/Legal Guardian Signature: _____ Date: _____

DELIVER COMPLETED FORM TO:

YMCA of Southern West Virginia | Attn: Jason Logan | 121 E. Main St. | Beckley, WV 25801 | 304.252.0715