

ADULT LEAGUE VOLLEYBALL SESSION I



Games will be
played on Tuesday
and Wednesday
evenings



YMCA OF CLAY COUNTY
225 E. Krizan
Brazil, IN 47834

Important Information and Program Policies

Refunds:

Full refunds will be granted if the YMCA cancels a program. Otherwise a request for a refund must be made in writing before the season begins. A \$5 fee will be assessed for processing of all refunds. Refunds can be made as a system credit good toward YMCA membership or other programs or in the form of a check. Checks will take up to 10 days to process.

Uniforms:

The YMCA will not provide uniforms for adult league participants. You may order your own shirts if you wish.

Practices:

The YMCA will not schedule practice times for the volleyball league due to court space and availability. It will be the teams responsibility to find practice space if it is needed.

Games:

There will be a **nine** game schedule for each team. Please inform us of any scheduling conflicts on the registration form.

Tournament:

A single elimination tournament will be held the week after the regular season. This will assure that all teams play at least ten games for the season. Tournament brackets will be announced at the conclusion of the regular season.

Inclement Weather and Makeup Games:

If weather conditions are deemed dangerous for driving, games will be cancelled and rescheduled for a later date. Team contacts will be notified as soon as possible. These games will be made-up as soon as possible.

Officials:

All games will be officiated by a YMCA paid official.

Rules:

We will review league rules at the team contact meeting. If the team contact person is unable to attend this meeting due to prior commitments, a representative from the team should take the place of the team contact at the meeting.

Sportsmanship:

All participants and spectators will be required to support the YMCA sports philosophy which is based on participation, fun, physical fitness, teamwork and fair play. Failure to follow these guidelines can result in your removal from the facility and can result in individual or team suspension.

Detach this portion for your records

WHO: Adult league teams: Teams are limited to 12 members. Team members must be 14 or older by the registration deadline. All team members should be listed on the registration form. Team members may not be on more than one roster for an individual league.

WHEN: (Tentative)

Games will begin as early as Oct 21st. Games will be played on either Tuesday or Wednesday evening depending on your team's availability. A single elimination tournament will take place starting the week after the last regular season game.

REGISTRATION:

Registration will occur from September 21st through October 13th. Late registrations will not be accepted.

FEE:

\$250.00 per team must be paid in full at the time of registration. There will be no additional fees for the team.

TEAM CONTACT MEETING: (Tentative)

All team contacts should plan on attending a meeting on Monday, October 19th at 7pm The rules will be reviewed and initial schedules will be distributed at that time. If the team contact cannot attend this meeting due to prior commitments, a representative from the team should take the place of the team contact at the meeting.

PARTICIPATION AGREEMENT:

All team members should be in normal health and capable of safe participation in the sports program. Participants assume all risks and hazards incidental to participation in the activity. Participants are responsible for any medical expenses incurred from participation and will not hold the YMCA of Clay County, its Board or employees liable.

FOR MORE INFORMATION :

Details are available by contacting the YMCA front desk staff at 442-6761 or sports@claycountymca.org

ADULT VOLLEYBALL LEAGUE SESSION I

League Chosen (please circle one): Church League Coed League

Team Name: _____

Team Contact: _____ Date of Birth ____ / ____ / ____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Team member to call if you are unavailable: _____

Team Members:

1. _____ Phone: _____ DOB: _____
2. _____ Phone: _____ DOB: _____
3. _____ Phone: _____ DOB: _____
4. _____ Phone: _____ DOB: _____
5. _____ Phone: _____ DOB: _____
6. _____ Phone: _____ DOB: _____
7. _____ Phone: _____ DOB: _____
8. _____ Phone: _____ DOB: _____
9. _____ Phone: _____ DOB: _____
10. _____ Phone: _____ DOB: _____
11. _____ Phone: _____ DOB: _____
12. _____ Phone: _____ DOB: _____

Team Availability: My team can play at the following times (Circle all that apply):

Tuesday:	6pm	7pm	8pm	9pm
Wednesday:	6pm	7pm	8pm	9pm



FOR OFFICE USE ONLY

Date: _____ Amount Paid: _____ Receipt Given: Yes or No Staff Member Initials _____