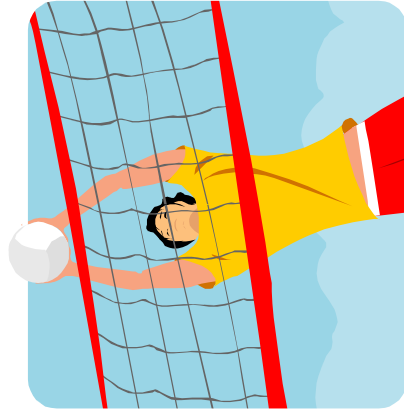


2009 Youth Volleyball League



Divisions

U10 (8-9 year olds)

U12 (10-11 year olds)

U15 (12-14 year olds)

* All leagues are Coed

Important Information and Program Policies

Refunds: Full refunds will be granted if the YMCA cancels a program. Requests for a full refund must be made in writing before uniforms are ordered. 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.

Pre Season Clinic: The preseason clinic is available to all program participants free of charge. Volleyball skills will be taught by volunteers including coaches, high school players and other knowledgeable individuals. It is our hope that all participants attend so everyone starts with the same basic knowledge of necessary skills. The clinic is not a try-out and teams will not be divided based on performance at the clinic.

Coaches: All coaches undergo a criminal background check and are cross referenced with the registry of known sex offenders. Coaches should attend the preseason coaches meeting to discuss rules, and assist in even team division.

Team Division: All participants will be divided initially by age. An individual can play up, but will not be allowed to play in a lower age group. Teams are divided by age, experience, gender, etc. to assure the teams are as evenly matched as possible. Siblings should request the same team. If individuals are coming to play from farther than 20 miles away, the parents may request up to three individuals be placed on the same team for the purpose of sharing rides to practices and games. Outside of this no teammate requests or requests for Coaches will be honored.

Uniforms: The YMCA will provide a team t-shirt that must be worn during all games. Kneepads are recommended but will not be provided by they YMCA.

Practices: Weekly one-hour practices will be held. The coach will schedule practices. If your child has a weekly conflict on certain evening, please indicate that on the registration form.

Games: Eight regular season games will be scheduled for each team. A single elimination tournament will also occur for U12 and U15 leagues only.

Photographs: Team pictures will be scheduled once all uniforms have been received. You are not required to buy photos, but we request that every team member be present for the team photo.

Awards: All participants will receive recognition of their achievement and hard work during the volleyball season in the form of a medal. The tournament winners will receive additional recognition in the form of a trophy.

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



Detach this portion for your records

WHO: Any Girls or Boys 8 to 14

Divisions include:

- U10 (8-9 year olds)
- U12 (10-11 year olds)
- U15 (12-14 year olds)

WHEN: (Tentative)

The Preseason Clinic will be on January 12, 2009
U10 at 6pm, U12 at 7pm and U15 at 8pm
Practices will start around January 19th. Games
will be on Saturday and will start on February
14th. There will be not be any games during Spring Break.

REGISTRATION:

From December 1st to January 9th.
Late Registration from January 10th to Jan 13th.
A waiting list will be taken after January 13th. These players
will be placed on teams if openings occur.

FEE:

\$30.00 for youth who are YMCA Members
\$60.00 for youth who are Non-members
\$10.00 additional for late registration
* See Refund Policy on back page

COACHES:

Individuals interested in coaching should submit a Coaching
Application. (Ask at the Member Services Desk) Coaches
should plan on attending the Preseason Clinic and the
Coaches Meeting on Tuesday, January 13, 2009
U10 at 6pm, U12 at 7pm and U15 at 8pm.

SPONSORSHIP:

Sponsorship is \$100.00 per team. The business name will go
on the back of the team shirts. Interested sponsors should
contact Deborah Plummer.

FINANCIAL ASSISTANCE:

Financial assistance is available to families who qualify.
Please ask about our scholarship programs at the member
services desk.

FOR MORE INFORMATION :

Call Deborah Plummer at the YMCA
(812) 442-6761 or e-mail sports@claycountnymca.org

2009 YOUTH VOLLEYBALL REGISTRATION

Child's Name _____ Birth Date / / Age on 1/12/09: _____ Sex: M F

Address _____ City _____ Zip _____

Home Phone # (____) _____ Email address: _____

Parent/Guardian _____ Home Phone _____ Work _____ Cell _____

Parent/Guardian _____ Home Phone _____ Work _____ Cell _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Grade: _____ Height: _____ # of prior seasons as player: _____ Siblings in this age group: _____

League: Circle the League you choose for your child: U10 (8-9 yr olds) U12 (10-11 yr olds) U15 (12-14 yr olds)

Practice: My child has a conflict with practice on the following night: Mon. Tues. Wed. Thurs. Fri.

T-shirt Size: Order one size larger than normal

Youth Sizes: S (6-8) M (10-12) L (14-16) **Adult Sizes:** Small Medium Large Extra Large

Volunteer Opportunities: If you are willing to volunteer, please circle the area of service.

Coach (Shirt Size _____) Assistant Coach (Shirt Size _____) Clock Operator _____ Scorekeeper _____

Volunteer's Name: _____ Best number to call: _____

Sponsorship: I recommend that you contact the following person /business for possible sponsorship of my child's team

Business Name: _____ Contact Name: _____ Contact Phone # _____

PARENT AUTHORIZATION

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. My child has permission to engage in all prescribed activities. I assume all risks and hazards incidental to the conduct of this program and transportation to and from practices and games. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection for my child. I understand that I am responsible for all medical expenses incurred by my child, and will not hold the YMCA of Clay County liable. I also give permission for my child's picture to be used in YMCA program related brochures, flyers or posters. I support the YMCA Youth Sports Philosophy which is based on participation, fun, physical fitness, skill development, teamwork, fair play, family involvement and volunteer leadership. I understand that coaches and game officials deserve RESPECT. They make mistakes as we all do, but like us, they try their best and we have a responsibility to help teach RESPECT to our children. I will not yell criticism at officials or coaches. I understand that inappropriate behavior is subject to penalties, including suspension from attending YMCA games.

Signature of parent/guardian _____

_____ Date



FOR OFFICE USE ONLY

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