

2019 Fall Youth Volleyball

5th/6th and 7th/8th Grade League

High School League

9th-12th Grades



Divisions

(2019-2020 School Year)

5th & 6th

7th & 8th

High School League
Grades 9th-12th



Clay County YMCA
225 E. Krizan
Brazil, IN 47834

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: Practices will not be offered through the YMCA for this session. Games only.

Games: 8 regular season games will be scheduled for each team. A single elimination tournament will also occur at the end of the regular season.

Awards: The tournament winners will receive recognition in the form of a trophy.

Detach this portion for your records

**WHO: 5th/6th graders
7th/8th graders
High School 9th-12th**

WHEN: (Tentative)

The Preseason Clinic will be August 14th at Northview High School 6pm-8pm
There will be no preseason clinic for the High School division.
Games will be on Mondays and Wednesdays for the Middle School Divisions and Tuesdays for the High School Divisions.
Games will begin the week of August 26th, first game beginning at 6pm.

REGISTRATION:

From July 1st to August 12th
No Late Registration

FEE:

\$30.00 for youth who are YMCA Members
\$55.00 for youth who are Non-members
* 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, August 20th, 2019.
Coaches will be notified of times.

SPONSORSHIP:

Sponsorship is \$75.00 per team. The business name will go on the back of the team shirts. Interested sponsors should contact Shane Chesshir.

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 Shane Chesshir at the YMCA
(812) 442-6761 or e-mail schesshir@ymcaswv.org

2019 YOUTH VOLLEYBALL REGISTRATION

Child's Name _____ Birth Date ____ / ____ / ____ Age on 8/14/19: ____ 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: 5th/6th 7th/8th High School

T-shirt Size:

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 YMCAs of Wabash Valley 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 _____