



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SERVING UP CONFIDENCE!

7-8 Yr Old Volleyball League SANDUSKY COUNTY YMCA



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OUR NEWEST WAY TO COMMUNICATE
TO PARENTS!

Our youth volleyball program is for boys and girls ages 7-8. The regular volleyball net will be lowered and a modified court will be used for practices and games.. The rules will be modified to help kids have a great time learning volleyball. Teams will practice twice a week until games begin. Once games begin, practices will be once a week with games played on **Saturdays**.

Volunteer coaches are always needed and appreciated!

REGISTRATION: August 28 - October 2*
*Registration after date are not guaranteed team placement and/or a t-shirt

PROGRAM RUNS: October 9 - December 16

MEMBER FEE: \$18
NON-MEMBER FEE: \$38

- QUICK FACTS**
- Coaches meeting on Wed. Oct 4
 - Practices twice a week until games begin
 - Games begin November 4
 - Picture Days/Times TBA



Questions, contact Ryan at 419-332-9622 or email RyanF@frymca.org

Name:	Grade:	School:	DOB:	Gender: M F
Address:		City:	Phone:	
Child's T-Shirt Size (circle one): Y Sm (6-8) Y Med (10-12) Y Lg (14-16) Ad Sm Ad Med Ad Lg				
Parent/Guardian Name:			Request:	
Email (used for updates and communication):				
<input type="checkbox"/> YES, I am willing to serve as a volunteer: <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Referee				Shirt Size: _____

Sandusky County YMCA Waiver: I hereby authorize the staff of the Sandusky County YMCA to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Sandusky County YMCA from any and all liability for injuries or illnesses incurred while participating in its programs. I understand that participation carries some risk of injury. All participants must disclose any/all communicable diseases/conditions on medical waiver prior to first practice. The Sandusky County YMCA is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the participant's family. The YMCA will be taking pictures. I hereby grant permission for program participant to be photographed and for the photograph to be used for promotional purposes by the Sandusky County YMCA.

Signature of Parent/Guardian: _____ Date: _____



Please return form to the YMCA front desk or mail with payment to:
Sandusky County YMCA – 1000 North St. – Fremont, OH 43420

