



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Kraft Family YMCA Spring 2012 Volleyball Season

Program Fees

___ Member - Kraft/Triangle Member: \$78.00
___ Program Participant: \$94.00
(Cost includes t-shirt, trophy and regular season)

___ U9-U12 Coed Born – between 8/1/99 – 7/31/03
___ U12-U14 Coed Born between 8/1/97 – 7/31/00
Leagues are predominately girls; however, boys are welcome to sign up.

Space will be limited, so register early.

Do you have a Player/Coach request?

Each participant is limited to **one personal request**. All requests will be balanced against team parity. Requests may be honored but are **not guaranteed**.

Played in Fall 2011 league—Yes No Team: _____

**Note: All players that move up into new age group are placed back into player pool to help balance teams.

Players Shirt Size

Shirt: YS YM YL AS AM AL AXL Circle One

Player's Assessment

Height _____ Weight _____

Does your child know the basic rules of volleyball?

Yes No

Rate your child's athletic ability:

Above Avg. Average Below avg.

Rate your child's volleyball playing ability:

Above Avg. Average Below avg.

Volunteer Opportunities: (space will be determined by the number of coaches we have; so please consider being a coach) Coach's players will receive priority with registration.

Head Coach? Yes No Maybe

Name/email of interested parent _____

Assistant Coach? Yes No Maybe

Name/email of interested parent _____

Being a team sponsor? Yes No Maybe

Being a Team Parent? Yes No Maybe

Name/email of interested parent _____

Registrations must be returned in person to the Kraft Family YMCA at 8921 Holly Springs Rd. in Apex, 919-657-9622.

Participation Agreement

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons and parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property.

Sportsmanship

I understand that this YMCA Sports program is an instructional and fun league representing positive values and good sportsmanship. I will support the YMCA goals, as well as the coaches, referees, and staff in teaching these values.

Photography

I permit the YMCA to use pictures of me as a program participant in promotional literature, promotional videos, and the YMCA website, which are published and used by the YMCA. I understand that my child's name is not published. Accident Insurance

Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.

Cancellation Policy

A cancellation form must be filled out at the front desk of the Kraft Family YMCA two weeks prior to the session start date in order for a refund to be issued. **There is a \$15.00 non-refundable registration fee. Non-attendance does not entitle you to a refund.** This includes failure to attend due to illness, vacation, or inclement weather. Refunds are not granted after the program has occurred. Refunds are processed at the end of the month. Program fees are not transferable from one participant to another, from one program to another, or from one YMCA to another.

Payer Signature

_____ Date _____

Youth Sports Registration Form

Participant ID # _____ Participant Full Name _____ (required)
First MI Last

Name on trophy _____ (default will be above if nothing is noted here)

Address (if different from Payer) _____ City _____ State _____ Zip _____

DOB ____/____/____ Female Male

Program: _____ Age _____ Grade _____ (if applicable)

Payer ID # _____ Payer Name _____ Female Male

Address _____ City _____ State _____ Zip _____

Contact Information

Father Name _____ Home _____ Cell _____

Mother Name _____ Home _____ Cell _____

Contact Email _____ **this email address will be used by coaches and team parents.**

Providing email address authorizes the use of email for program information.

Emergency Contacts or Program Pick Up Names

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Special Needs (Medical Needs/Medications/Concerns)

Staff Initials: _____ Date Received: _____