



# Belvidere Family YMCA

## Youth Co-Ed Volleyball League

### Three Leagues

- 3rd & 4th grade
- 5th & 6th grade
- 7th & 8th grade

### League Features

- 2 weeks practice time to improve skills before league play begins
- Practices 1-2 times a week
- This 6 on 6 league will focus on learning sport basics, skill building and teamwork

**Fee** Member \$70 Non-Member \$110 Team \$575

If registering a team, please have coach or designated parent register the whole team at once to ensure proper payment. Teams can consist of up to 10 players.

**Registration** Now through March 10th

**Practice** Begins the week of March 18th

**Games** Saturdays, April 6th-May 11th

No practice the week of Spring Break & No games weekend of Easter

**Interested in coaching? Let us know!**

#### WHAT YOU'LL NEED

Gym Shoes  
Kneepads (recommended)  
Water Bottle

#### WHAT WE'LL PROVIDE

Skilled Referees  
Shirts  
Volunteer Coaches

**YOUR SCHOOL WILL RECEIVE \$5 FOR EVERY SIGN UP!**

Program assistance available for the Patrick J. Murphy Youth Recreation Scholarship for youth residing in Belvidere Township. For questions regarding the league, please call Eric at 815-547-5307 or email [eross@belviderefamilyymca.org](mailto:eross@belviderefamilyymca.org).

Belvidere Family YMCA | 220 West Locust Street, Belvidere | p: 815-547-5307 | w: [belviderefamilyymca.org](http://belviderefamilyymca.org)

# YOUTH VOLLEYBALL REGISTRATION FORM

Register online at [belviderefamilyymca.org](http://belviderefamilyymca.org)

Register in person at 220 W. Locust St. in Belvidere

Register over the phone at 815-547-5307

Register via email to [info@belviderefamilyymca.org](mailto:info@belviderefamilyymca.org)

Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grades 3 & 4     Grades 5 & 6     Grades 7 & 8

School: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ (Youth or Adult)

Parent/Guardian Name: \_\_\_\_\_ Interested in Coaching? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell \_\_\_\_\_

Phone: \_\_\_\_\_ Phone Carrier: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_

Allergy /Medical Info (if applicable): \_\_\_\_\_

Special Request/Coach (if applicable): \_\_\_\_\_

Please Circle One: Member Non-Member

Member at another Y? You still qualify for member pricing on this program! Just circle member and we will do the rest!

Payment: Cash    Check    Credit Card    Amount: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize the Belvidere Family YMCA to charge my credit card for the appropriate fee for the youth volleyball league.

Signature: \_\_\_\_\_

I am aware that participation in the Belvidere Family YMCA youth sports league has some inherent risks and injury can occur. On rare occasions, these injuries can be serious. In consideration of my child being allowed to participate in the youth sports league, I, the parent/guardian, assume the risk of all injury and agree not to sue the Belvidere Family YMCA, the directors, officers, employees, independent contractors, coaches, assistant coaches, sponsors or volunteers for any and all injuries caused by or resulting from participating at the Belvidere Family YMCA. By signing this waiver, I also authorize the use of pictures of the above-named participant to be posted in the Belvidere Family Y's advertising media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_