

BOB FREESEN YMCA

Youth Volleyball Registration Form 2019



Name: _____ Grade: _____ Age: _____

Address: _____ Email: _____

Phone: _____

4th-6th grades (June 20-22) 7th-9th grades (June 27-29)

T-shirt Size: Yth 5m Yth Med Yth Lg Ad 5m Ad Med Ad Lg

Amount Paid: _____

Paid by: check / cash / credit card

Staff Initials: _____

Date: _____



BOB FREESEN YMCA
1000 Sherwood Eddy Lane
Jacksonville, IL 62650
P 217-245-2141



YOUTH VOLLEYBALL

3-DAY CLINICS

MON., TUES., WED.
JUNE 20-22
JUNE 27-29

BOB FREESEN YMCA



VOLLEYBALL CLINICS

Program offered at the Bob Freesen YMCA

Our goal is for players to improve their skills, fundamentals and techniques with the expert assistance of volleyball coach and former player Amanda and Madie Tomhave.

Dates and Ages:

Mon.—Wed., June 20–22

9–11:30 a.m.

4th, 5th and 6th Graders

Mon.—Wed., June 27–29

9–11:30 a.m.

7th, 8th and 9th Graders



Fees:

Members: \$60

Non-Members: \$85

Assistance is available.

Registration Begins: Sat., May 7

If you miss the deadline, please contact Glenn Pickens, sports director, 217-245-2141.

Please return Registration form to the YMCA.



In consideration for my child's acceptance as a participant in the athletic program of the Bob Freesen YMCA, I, for myself, my child, my heirs, executors, administrators, and assigns, do hereby release and discharge the Bob Freesen YMCA, its agents, representatives, officers, directors or employees of and from all claims or demands for damages, losses, or injuries incurred by my child during the course of participation in programs at the Bob Freesen YMCA. I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast: video film or footage of my child's experience, My consent gives permission to use the above child, and any narrative account of my child's experience, My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever. I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Date _____

Parent or Guardian _____