



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Adult Volleyball

Ages: 14 +

About the Program

Enjoy playing with and against your friends in this exciting program. Past participants will remember challenging for the title, playing with their friends, and enjoying a night filled with volleyball. Future participants can eagerly look forward to their own opportunity to enjoy the limelight, making fantastic blocks, amazing aces, and spike-denying digs. Who is up for some volleyball?

Session Dates

September 26-January 2020

Registration Deadline

Now through September 21, 2019

Days and Times

Games will be held primarily on Thursdays with one other day possibly necessary to conclude the season. Scrimmage day is Thursday, September 19th.

Additional Information

- Championship t-shirts for the winners.
- Format is 4v4.
- Thursdays are the main game days.

Fees

Team Fee: \$120

Financial assistance applications available at the Y front desk.



Baker County YMCA 3715 Pocahontas Rd Baker City, OR 97814
Phone: (541)523-9622 www.bakerymca.org



YMCA Co-Ed Volleyball League

Ages 14 +

TEAM Name: _____

P-R-I-N-T NEATLY

Participant's Name _____
(first) (last)

Birth Date ____/____/____ ___ Male ___ Female

Address _____ City _____ State ____ Zip Code _____

Phone # _____

Email _____

EMERGENCY CONTACT

Name _____ Home # _____ Cell # _____

FEES Team Fee: \$120

WAIVER and AUTHORIZATION. I certify that I am in good physical condition and can participate in the YMCA sports program named above. Every reasonable effort will be made to ensure the safety of the playing fields and facilities; however the YMCA does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. I realize that there is potential for injury in sports programs and I agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches, directors or other personnel associated with the program to secure proper treatment and/or hospitalization for me. Knowing that the YMCA does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my participation in the program. I hereby waive, release and hold harmless the YMCA, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, damages and for any claims or causes of action arising from my participation in the program. I give permission for media to be taken of me to be used for YMCA promotional purposes and sponsors.
BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING

 Parent / Legal Guardian Signature Date

WHO: Men/Women ages 14 and older. Players under 18 must have a parent signature.

WHAT: Co-Ed Volleyball.

WHERE: 2020 Church Street, YMCA Gymnasium.

TEAMS: Must be registered on a team roster prior to playing.

REFEREES: Call own game

<p>MAIL IN OR BRING COMPLETED FORM AND FEE TO: Baker County YMCA 3715 Pocahontas Road Baker City, OR 97814</p>	<p>Phone (541)523-9622</p>	<p><u>FOR OFFICE USE</u> Amount Paid \$ _____ Receipt # _____ Date _____</p>
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