



# HENDERSON COUNTY FAMILY YMCA GIRLS SPRING VOLLEYBALL LEAGUE 2020

LOCATION: Henderson County Family YMCA – Youth Gym  
460 Klutey Park Plaza  
827-9622 [www.hcfymca.com](http://www.hcfymca.com)

DATES: Sunday Nights – April 19, 26 (2 matches), and May 3 - League Games – 4 matches  
Single Elimination Tournament May 17<sup>th</sup>

AGES: Girls ages 9-17

TIMES: Game times will be 6:00 and 6:45- (April 26<sup>th</sup> – 6:00, 6:45, 7:30, and 8:15)  
**FIRST NIGHT EVERYBODY COMES AT 5:00!!!**

COST: **SIGN UP BY APRIL 3<sup>rd</sup> AND SAVE \$5.00**  
\$30.00 – Y Family Members by April 3<sup>rd</sup> - \$35.00 from April 4<sup>th</sup> – April 9<sup>th</sup>  
\$45.00 – Non-Members by April 3<sup>rd</sup> - \$50.00 from April 4<sup>th</sup> – April 9<sup>th</sup>  
(Financial assistance available for low income families, but the application for financial assistance needs to be applied for by Friday, April 3, 2020)  
Team T-Shirt will be given to each girl.

**REGISTRATION DEADLINE IS FRIDAY, APRIL 9, 2020**  
**NO EXCEPTIONS!!! NO REFUNDS AFTER APRIL 9<sup>TH</sup>**

The first night we will evaluate each girls’ volleyball ability and construct evenly balanced teams. We will start games right after evaluations on Sunday April 19<sup>th</sup>. Schedules will be given out and girls will play a volleyball match every Sunday night. The volleyball league is open to all girls ages 9 through 17. Come join the fun!

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_  
T-SHIRT SIZE 14-16 AS AM AL AXL AXXL (CIRCLE ONE)  
DO YOU HAVE PREVIOUS VOLLEYBALL EXPERIENCE --MIDDLE SCHOOL, HIGH SCHOOL OR RECREATIONAL? YES OR NO (CIRCLE ONE)

### WAIVER/RELEASE/PERMISSION AGREEMENT

As a parent or guardian of a child participant, I hereby release and hold harmless Carla Bender, Stacey Howell, the YMCA, its employees, and volunteers from any and all such claims or actions as a result of any injury from my or my child’s direct or indirect participation in this program.

PARENT’S PERMISSION SIGNATURE \_\_\_\_\_  
PARENT’S NAME (PRINT) \_\_\_\_\_

**CALL THE YMCA AT 827-9622 FOR MORE INFORMATION OR LEAVE A MESSAGE FOR CARLA BENDER, SPORTS DIRECTOR.**

MISSION: To put Christian principles into practice through programs, services, and facilities that build healthy spirit, mind, and body for all.