



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

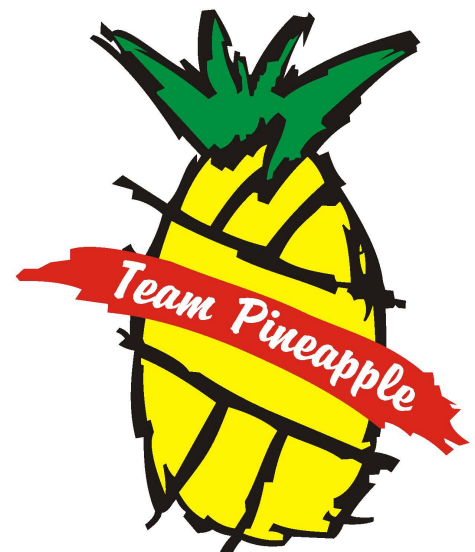
Volley Tots With Pineapple Volleyball

3 Week Volleyball Clinic YMCA OF DEKALB COUNTY

Join us for our 3 week Youth Volleyball Clinic instructed by Team Pineapple Coaches! Each week kids will learn from the best while improving their skills. Whether this is your first time playing the game or you have experience, there is something for everyone!

Register by September 29th
at the Y or online at ymcadedalb.org

- AGE:** 5-12 years old
- WHEN:** Sundays, October 6, 13, and 20
- TIME:** 5-6 yr olds 1pm-2pm
7-12 yr olds 1pm-2:30pm
- COST:** Members - \$45
Non-Members - \$55





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Volley Tots : 5-12 years old.

Boys and girls

Dates: Sundays, Oct 6, 13, 20.

**Time: 5-6 yr olds 1pm-2pm
7-12 yr olds 1pm-2:30pm**



Player's Name _____ Age _____
 Date of Birth _____ Grade _____
 Parent's Name _____
 Mailing Address: _____
 City _____ State _____ Zip _____
 Phone(____) _____
 Email _____
 Any health conditions or allergies that instructors should be aware of:

T-Shirt size:
 Check the shirt size you'd like

Youth Extra Small (2-4)
 Youth Small (6-8)
 Youth Medium (10-12)
 Youth Large (14-16)

Adult Small
 Adult Medium
 Adult Large
 Adult Extra Large

I, the parent/guardian of the registrant, a minor, will abide by the rules of the YMCA DeKalb County, Inc. Recognizing the possibilities of physical injury associated with sports, I hereby release, discharge and otherwise indemnify the YMCA of DeKalb County, Inc, affiliated organizations and sponsors, their employees, and associated personnel, including owners of fields and facilities utilized for the programs, referees and coaches, against any claim by or on behalf of the registrant and/or parent/guardian as a result of the registrant participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also state that I am the legal parent/guardian and that there is no one else whose signature is required by law for this release to effect for the registrant's parents/guardians, or anyone associated with the minor or the YMCA DeKalb County or its affiliates.

Parent/Legal Guardian Signature _____ Date _____