



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Adult Fall Volleyball at the YMCA of Catawba Valley

Ages: Men and Women 16+

When:

Registration is July 19th-September 1st

- Games are on Sundays starting at 1:30pm
- First game is September 15th
- Tournament will be November 3rd and 10th

Where:

- Games will be played at both the Hickory and Shuford branches

Registration Information

- Members \$60, Non-members \$100
- Includes: Jersey, 7 regular season games, tournament day, trophy for the champions
- **Late Registration Fee: \$10**
 - Late registration must be approved by the program director

Contact Information:

Director—Abbey Tarr

abbeyt@ymcacv.org — 828-464-6130

Coordinator—Mattie Clark

mattiec@ymcacv.org

SET

SPIKE

WIN



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Sports Waiver: In Consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators and assignees, release and discharge the YMCA of Catawba Valley, its Board of Directors, employees, members, sponsors, and program volunteers of any liability from injury, illness or loss which may occur during my participation to, during and from YMCA of Catawba Valley Adult Sports leagues. I specifically release and discharge said promoters and sponsors from all injuries or damages arising from or contributed to by any physical impairment or defect I may have, whether latent or patent, and agree that they are under no obligation to provide a physical examination or other evidence of my fitness to participate in such events, the same being my sole responsibility.

I also understand the rules and guidelines given to my team captain by the YMCA. I understand that if I do not follow the rules and guidelines, or if my behavior is against that of which the YMCA desires, I may be expelled from the league, forfeit my team and receive no refund.

I understand that there is a registration deadline, which the YMCA must enforce, and there are no refunds as the program is conducted. COVID-19 Refund Policy: Should the YMCA have to cancel fall sports in whole or partially due to a stay-at-home order or for any other reason, the YMCA will issue a pro-rated system credit to be used for any YMCA programming/membership at a future date.

Participant Name: _____ D.O.B. ____/____/____

Cell Number: _____ Email: _____

Address: _____

Emergency Contact: _____ Contact's Cell # _____

(Circle One) Branch of Play: Hickory Foundation Adrian L. Shuford, Jr.

(Circle One) T-Shirt Size: AS AM AL AXL AXXL AXXXL

(Circle One) I am registering as: Part of a **TEAM** As an **INDIVIDUAL**

Team Sponsor:

_____ \$250, Business name on back of uniform

_____ \$500, Business name on back of uniform and banner on the field

If part of a TEAM fill in the information below:

Team Name: _____

Team Captain's Name: _____

Team Captain's Cell #: _____

If **YOU** are the team Captain list your top 3 uniform color choices :
