



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CAROLINA SPIKE FORCE

## Spears YMCA - Volleyball Club

U12 thru U18 - Age Cut-off Date Is Sept 1, 2019

For the 2018-2019 season, CSF will support teams for the U12 through U18 Age Groups. Each age group (depending upon the amount of overall player interest) may support up to 3 divisions of team participation: Black, Teal & White.

The 3 levels have different tournament locations, club fees, practices per week, amount of travel and associated costs. The Black division represents the highest skill level; which includes some multi-day tournaments, followed by Teal & White. All players must try-out for the club. Based on their skill level they may be invited to participate on either a Black, Teal or White team.



For more club details visit: [www.carolinaspikeforce.org](http://www.carolinaspikeforce.org)

**Carolina Spike Force Open Gyms & Interest Meetings:** CSF will host Sunday afternoon open gyms & interest meetings in October. Free for YMCA members and \$10.00 per session for non-YMCA members. Visit: [www.carolinaspikeforce.org](http://www.carolinaspikeforce.org) for more details.

### Oct. 7th.

12U: 1:30 – 3:00

13U: 3:00 – 4:30

14U: 4:30 – 6:00

Parent Interest Meeting: 4:30

### Oct. 14th

12U: 1:30 – 3:00

13U: 3:00 – 4:30

14U: 4:30 – 6:00

Parent Interest Meeting: 3:00

### Oct. 28th.

15U & 16U: 1:00 – 2:30

17U & 18U: 2:30 – 4:00

Parent Interest Meeting 2:00

## Carolina Spike Force Tryout Information

All Tryouts will be held at the Spears Y – 3216 Horsepen Creek Rd. Greensboro, NC 27410. Players are encouraged to attend all tryout dates. The \$25 tryout fee (per age group) can be paid in advance at the front desk at the Spears Y or go online at [www.spearsymca.org](http://www.spearsymca.org).

14U Sat. Oct 20 2:00pm – 4:00pm & Sun. Oct 21 12:00pm – 2:00pm

13U Sat. Oct 20 4:15pm – 6:15pm & Sun. Oct 21 2:15pm – 4:15pm

12U Sat. Oct 20 6:30pm – 8:30pm & Sun. Oct 21 4:30pm – 6:30pm

15U Sun. Nov 4 12:00pm – 2:00pm & Mon. Nov 5 6:00pm – 7:30pm

16U Sun. Nov 4 2:15pm – 4:15pm & Tues. Nov 6 6:00pm – 7:30pm

17U & 18U Sun. Nov 4 4:30pm – 6:30pm & Tues. Nov 6 7:30pm – 9:00pm



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Important:** Players must indicate on the registration form if you would like to try-out ONLY for a Teal/White Level Team (these are regional only teams) or indicate if you would like to try-out for all Levels: Black/Teal/White.

**Bids:** Bids will be sent out after the conclusion of tryouts to the players with their team offer. If a player receives a bid to be a member of a CSF team, that player may commit at any time. The bids will remain open until Oct. 26th for U12, U13 & U14 and Nov. 9th for U15, U16 & U17 & U18.

Complete the registration form and turn into the Front Desk at Spears YMCA or mail to:  
Spears Family YMCA  
3216 Horse Pen Creek Road  
Greensboro, NC 27410



If you have any questions regarding the program, please do not hesitate to call  
Cathy Sescourka • 336-387-9624 • [Cathy.Sescourka@ymcagreensboro.org](mailto:Cathy.Sescourka@ymcagreensboro.org)



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Spears YMCA Carolina Spike Force Volleyball Tryout Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Division (circle one) 12U 13U 14U 15U 16U 17U 18U Gender: \_\_\_\_\_

Tryout Registration for (circle one): (1)Any level: Black/Teal/White or (2)Teal/White only (Regional Only)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

T-Shirt Size YS YM YL AS AM AL AXL

Guardian #1 (person who will be contacted in case of practice/game changes or cancellations)

Relationship \_\_\_\_\_ Name: \_\_\_\_\_

(C) \_\_\_\_\_ Phone Carrier: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian #2

Relationship \_\_\_\_\_ Name: \_\_\_\_\_

(C) \_\_\_\_\_ Phone Carrier: \_\_\_\_\_ Email: \_\_\_\_\_

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

1) GENERAL RELEASE: I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decide to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, not with standing, continue in full force and effect.

2) ASSUMPTION OF RISK: I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

3) MEDICAL RELEASE: I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA.A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

4) INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.

5) PHOTOGRAPHIC RELEASE: I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

(6) Parents Code of Ethics: I agree to act in an appropriate manner and be supportive of all players/coaches/officials.

HAVING READ, UNDERSTOOD, AND AGREE WITH THESE TERMS, I HAVE EXECUTED THIS REALEASE, TO BE EFFECTIVE IMMEDIATELY.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Spears YMCA Carolina Spike Force Volleyball Open Gym Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Division (circle one) 12U 13U 14U 15U 16U 17U 18U Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Guardian #1 (person who will be contacted in case of practice/game changes or cancellations)

Relationship \_\_\_\_\_ Name: \_\_\_\_\_

(C) \_\_\_\_\_ Phone Carrier: \_\_\_\_\_ Email: \_\_\_\_\_

## Guardian #2

Relationship \_\_\_\_\_ Name: \_\_\_\_\_

(C) \_\_\_\_\_ Phone Carrier: \_\_\_\_\_ Email: \_\_\_\_\_

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

1) GENERAL RELEASE: I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decide to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, not with standing, continue in full force and effect.

2) ASSUMPTION OF RISK: I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

3) MEDICAL RELEASE: I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA.A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

4) INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.

5) PHOTOGRAPHIC RELEASE: I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

(6) Parents Code of Ethics: I agree to act in an appropriate manner and be supportive of all players/coaches/officials.

HAVING READ, UNDERSTOOD, AND AGREE WITH THESE TERMS, I HAVE EXECUTED THIS REALEASE, TO BE EFFECTIVE IMMEDIATELY.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_