



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# CAROLINA SPIKE FORCE VOLLEYBALL CLUB

## Skills & Drills Registration for 12U-18U

### Spears YMCA



Carolina Spike Force is a travel volleyball club affiliated with & supported by the Spears YMCA of Greensboro, USA Volleyball Association, & the Carolina Region Volleyball Association. CSF offers a reasonably priced high-level volleyball program for youth girls. Our goal is to provide high quality skills training in a positive environment while teaching life lessons through the club volleyball experience. For the 2019-2020 season, CSF will support teams for the 12U - 18U Age Groups. Depending upon the amount of overall player interest – we will support various levels: **Legacy, Black, Teal, White, & Silver.**

### Carolina Spike Force Skills & Drills & Parent Interest Meetings

Get to know our club, our new Technical Director, and our Coaches through Skills & Drills sessions. Attend parent interest meetings to learn more about our Club and what to expect throughout the tryout process and Season. This Skill & Drill session is FREE for YMCA members and \$10.00 per session for non-YMCA members.

**Registration is required & Space is Limited.** Visit: [www.carolinaspikeforce.org](http://www.carolinaspikeforce.org) for more details.

#### Age Groups: 12U – 14U

<b>Date:</b> October 6, 2019	<b>Date:</b> October 13, 2019	<b>Date:</b> October 20, 2019
<b>Time:</b>	<b>Time:</b>	<b>Time:</b>
12U: 1:30 – 3:00	12U: 1:30 – 3:00	12U: 1:30 – 3:00
13U: 3:00 – 4:30	13U: 3:00 – 4:30	13U: 3:00 – 4:30
14U: 4:30 – 6:00	14U: 4:30 – 6:00	14U: 4:30 – 6:00

#### Age Groups: 15U – 18U

<b>Date:</b> November 2, 2019	<b>Date:</b> November 3, 2019
<b>Time:</b>	<b>Time:</b>
15U: 1:30-3:00	15U: 1:30-3:00
16U: 3:00 -4:30	16U: 3:00 -4:30
17U/18U: 4:30-6:00	17U/18U: 4:30-6:00

#### Parent Interest Meetings

<b>September 22nd:</b> 3:00-4:00	<b>October 20th:</b> 3:30-4:30
<b>October 6th:</b> 2:30-3:30	<b>November 3rd:</b> 2:30-3:30

\*\*\* Age group is based on the child’s age on **September 1, 2020** \*\*\*

<https://www.carolinaregionvb.org/wp-content/uploads/2017/08/2020AgeDefinitions.pdf>

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

If you have questions regarding the program, please call or email:

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 CSF Volleyball Skills & Drills Registration Form

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Gender: \_\_\_

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

Session (circle one):	<u>Oct 6:</u> 12U 13U 14U	<u>Oct 13:</u> 12U 13U 14U	<u>Oct 20:</u> 12U 13U 14U
	<u>Nov. 2:</u> 15U 16U 17U/18U	<u>Nov. 3:</u> 15U 16U 17U/18U	

## 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: \_\_\_\_\_

OCT19 05SP