



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

Producing Good Athletes and Good Sports

Girls Winter Volleyball Clinics

ALEX W. SPEARS III FAMILY YMCA

We aim to enhance both individual and team volleyball skills through drills, scrimmage and play.

Instructors:

4th – 5th Grade: Chris Nazario, played at Catawba University and is a long time YMCA Coach.

6th – 8th Grade: Kelley Coates, 12 years High School & JO coaching experience & played at Catawba University.

Age: Girls: 4th–5th Grade
Girls: 6th–8th Grade

Dates: January 6th, 13th, 20th and 27th
February 3rd, 10th, 17th and 24th
March 3rd, 10th, 17th and 24th

Time: 4th–5th Grade: 1:00pm – 2:30pm
6th–8th Grade: 2:30pm – 4:00pm

Cost Per Session:

\$40.00 Y Members,

\$65.00 Non-Members

Limited to the first 30 participants each session

The goal of the YMCA is that no one will be turned away because of the inability to pay. Financial assistance is available to all through our open doors scholarship program.

Registration Deadlines:

Registration for the January Clinic will be open Thursday, November 15th – Sunday, December 30th.

Registration for the February Clinic will be open Saturday, December 15th – Wednesday, January 30th.

Registration for the March Clinic will be open Tuesday, January 15th – Thursday, February, 28th.

Player Equipment: All players will need to bring kneepads to each session.

How to register: You may register online, mail in or at the YMCA front desk. Please make checks payable to : Spears YMCA.

Questions: Contact Cathy Sescourka, Volleyball Sports Coordinator • 336-387-9624 •
cathy.sescourka@ymcagreensboro.org

ALEX W SPEARS III FAMILY YMCA

3216 Horse Pen Creek Rd Greensboro, NC 27410

P 336 387 9622 F 336 387 9620 www.spearsymca.org

Our Mission: "To put Judeo-Christian principles into practice through programs that build a healthy spirit, mind, and body for all."



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Volleyball Clinic (circle) February March

Name _____ DOB ___/___/___ Age ___ Phone _____
Address _____ City _____ State ___ Zip Code _____
Email _____

Emergency Information:

Mother _____ (H) _____ (W) _____ (C/P) _____
Father _____ (H) _____ (W) _____ (C/P) _____

RELEASE AND WAIVER OF LEGAL LIABILITY

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 ("Release") in the program harmless from any and all claim and causes of action of any nature for 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 Caroline and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, 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) The YMCA reserves the right to request a birth certificate for verification purposes.

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

Applicant or Parent/Legal Guardian Signature _____ Date _____

Program Code: FEB19 or MAR19 Session: 05SP

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