



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

# 2020 Fall Outdoor Volleyball Camp

**ALEX W. SPEARS III FAMILY YMCA**

**Age Groups:** Girls, 10 – 14

**YMCA Sports Philosophy:** Participants have FUN in a safe learning environment. The YMCA believes in the God-given potential of every child; encourages teamwork and a sense of belonging.

**Camps will run Monday's and Wednesday's from 5:30pm to 7:00pm.**

If a day is rained out, we will do a virtual class for that day.

## **Camp Weeks:**

**Session 1:** 8/24, 8/26, 8/31 and 9/2

**Session 2:** 9/8\*, 9/9, 9/14, and 9/16 (\*note: Begins Tuesday 9/8, due to Labor Day)

**Session 3:** 9/21, 9/23, 9/28 and 9/30

**Session 4:** 10/5, 10/7, 10/12, and 10/14

**Location:** Spears YMCA – Soccer Field

## **Registration Fees\***

Members: \$ 45.00

Potential Members: \$55.00

\*Fee is for one (1) session of camp, defined as 2 consecutive weeks.

**Deadlines:** Registration must be completed by the Thursday before the week the camp begins.

**Important information:** Campers will focus on the basic fundamentals of Volleyball, which include passing, setting, hitting, serving and strength and conditioning. Adherence to all guidelines will be met to ensure campers, staff, and others are protected and staying safe. No games or scrimmaging will occur. Participants will be in small groups and will be permitted pass balls within their group only.

## **Register online at [spears.org](https://spears.org)**

Registration must be completed by the Thursday before the week of camp begins.

**Player Equipment:** water bottle, small towel.

## **Questions??**

Contact Cathy Sescourka, Volleyball Sports Coordinator • 336-387-9624 • [cathy.sescourka@ymcagreensboro.org](mailto: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](http://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 Camp (circle) Week: Session 1      Session 2      Session 3      Session 4

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: AUG20      Session: 055P

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