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# BUMP SET SPIKE

## Women's VOLLEYBALL LEAGUE TRI-COUNTY YMCA



**Date:** Wednesday's beginning on Dec. 2nd until Feb. 3rd (Skipping Christmas and New Years week)

**Ages:** 16 and older. Anyone under 18 must have a parent signed waiver

**Game Times:** 6:15pm/7:15pm (EST)

**Cost:** \$125 per team (Max 8 players per team)

**Registration Opens:** Thursday , Nov. 12th

**Registration Deadline:** Friday, Nov. 28th

- **LIMITED TO 8 TEAMS**
- For any high school volleyball players, Only 3 players from the same school can be on the same team (Seniors do not count towards those 3)
- Registration forms can be picked up at the Y or contact Logan Ayer at [Logan@tricityymca.org](mailto:Logan@tricityymca.org)
- You may register by mailing your form to the Y, stopping by the Y, or contacting Logan Ayer
- Please make sure the captain of your team provides an email address or contact number that we can communicate with directly. It will be the responsibility of each team captain to relay any information about scheduling to his/her team-members.
- The whole team must complete the waiver form and have it turned in before the start of the first game.

For more information regarding the volleyball league please contact Logan Ayer at [Logan@tricityymca.org](mailto:Logan@tricityymca.org)



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## Team Captain

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

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City

Date of Birth: \_\_\_\_\_ MM/DD/YYYY

\_\_\_\_\_  
State ZIP

Gender: M / F

Phone Number: \_\_\_\_\_

Emergency Contact Name:  
\_\_\_\_\_

What time does your team prefer (not guaranteed)?

6:15pm/7:15pm/Either

Emergency Contact Phone Number:  
\_\_\_\_\_

Emergency Contact Date of Birth:  
\_\_\_\_\_MM/DD/YYYY

Team Name: \_\_\_\_\_

**Consent Statement:** By signing this form it is understood that the responsibility for monitoring the condition of the participant lies with the participant and or guardian and that the undersigned has the understanding of YMCA programs and its facilities. **Talent Release:** This statement is hereby acknowledged and agreed upon by me with the full understanding that any photographs, videotapes, or audio tapes will be freely used by the Tri-County YMCA for public displaying either printed or electronic material for the **purpose** of furthering the business interest of the Tri-County YMCA.

Signature of Participant

Date

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