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**FOR HEALTHY LIVING**  
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# SPIKE YOUR FUN

## GIRLS YOUTH VOLLEYBALL LEAGUE

- WHO:** 3<sup>rd</sup> & 4<sup>th</sup> graders (practice on Wed.) and 5<sup>th</sup> & 6<sup>th</sup> graders (practice on Thurs.)
- WHERE:** All games will be played at surrounding local schools. PRACTICE STARTS week of August 16<sup>th</sup> and will be scheduled 2 times per week depending on gym schedule.
- WHAT:** 7-8 members on a team. Limiting registrations to no more than 32 3<sup>rd</sup> / 4<sup>th</sup> graders and 32 5<sup>th</sup> / 6<sup>th</sup> graders. T shirts are to be worn on Sunday games days and will be provided with registration. Knee pads and solid black shorts (for games) are required. No street shoes in the gym, shoes must be clean.
- WHEN:** SUNDAY AFTERNOONS September 12, 19, 26 & October 3, 10

**DEADLINE FOR REGISTRATION** AUG 9<sup>th</sup>: Ryan Harris at 319-653-2141 or [rharris@washingtonty.org](mailto:rharris@washingtonty.org)

FEE: \$35 per individual LATE FEE: \$10 520 W 5<sup>th</sup> Street Washington, IA 52353

**ALL FEES must accompany Registration Form**

UPDATES will be given using REMIND APP (new user may download the app for free), once downloaded select class  
 REMIND APP CODE is @c8a66g4

### 2021 GIRLS YOUTH Volleyball Registration Form

Make checks out to YMCA of WASHINGTON CO.

Name \_\_\_\_\_ Grade (2021-2022) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact/ Parent's Name/ Phone Number \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

(circle one) YS YM YL AS AM AL AXL AXXL

Coaches are needed. Coaches need to be available for Sunday games and for most practices. Don't necessarily have to know anything about v-ball, just help with supervision and positive encouragement.

**I WILL BE A COACH/ASSISTANT** \_\_\_\_\_

Please indicate Shirt Size AS AM AL AXL AXXL

I understand the physical activities in which my child participates with the YMCA of Washington County. I agree to assume all liability and release the Y and any other associated parties from any liability for the risk of injury, illness or death on account of my child's presence in this program.

\_\_\_\_\_  
 (Parent's Signature and Date)