



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRACTICE POLISH PLAY!



**FALL VOLLEYBALL
2 Week Intensives
4th-8th Grade
KERASOTES
Tuesdays and Thursdays**

- August 20,22,27,29: HITTING
- September 17,19,24,26: SERVING
- October 15,17,22,24: PASSING
- November 5,7,12,14: SETTING

Time:

Group A: 6-7 p.m
Group B: 7-8 p.m.

Fee:

Members \$28
Public \$48

Contact:

Sarah Brewer
sbrewer@springfieldymca.org
217.544.9846 x 112

We will focus on a specific skill set for two weeks. All participants will meet at 6pm on the first Tuesday to be assessed. Our hope is that participants have previously joined in our foundational clinics to prepare for this focused training.

Please fill out 1 form per child.

Name _____ Grade _____ Birth Date ____/____/____
 Address _____ City _____ State _____ Zip _____
 Home # _____ Cell # _____ Email _____

I have reported all pertinent health information. I allow the YMCA to seek emergency care for my child if required. I also grant the YMCA permission to use photographs of my child in promotional material such as brochures, ads, websites, or newspaper releases. I will not be informed or reimbursed for such photographs.

I would like to make a gift to help a child play Y sports. I am adding \$_____ to my volleyball registration for the YMCA Strong Kids scholarship fund. All gifts are tax deductible.

Print Name _____ Date _____

Signature _____

VISIT THE YMCA OF SPRINGFIELD AT
WWW.SPRINGFIELDYMCA.ORG

Office Use Only:
 Date _____ Amount _____ Staff _____
 Cash _____ Check# _____
 Branch 2 SAP19