



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRACTICE POLISH PLAY!



SPRING VOLLEYBALL CLINIC
6 week Foundation Skills
4th-8th Grade
KERASOTES

Early Bird Registration (Before Mar 18): Members/\$54, Public/\$78

Clinic dates:
APRIL 1-MAY 10
Wednesdays 6:30-7:30pm
Sundays 3:00-4:00pm

Session Fee:
Members \$60
Public \$84

Contact:
Sarah Brewer
sbrewer@springfieldymca.org
217.544.9846 x 112

We will focus on basic skills and building a strong foundation. All participants will be assessed on the first Wednesday and then split into two groups based on skill level. Unlike previous clinics, both groups will meet during same time frame. This clinic will serve as a prerequisite for a variety of two-week intensives we will offer in the Fall.

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 SAP20