FALL VOLLEYBALL CLINICS
4th–8th Grade
KERASOTES

**PRACTICE POLISH PLAY!**

Foundational Skills Clinic:
Sept 2–Oct 11

Intensive Clinics
Passing: Oct 14–Oct 25
Serving: Oct 28–Nov 8
Setting: Nov 11 – Nov 22
Hitting: Dec 2–Dec 13

Wednesdays from 6:30–7:30
Sundays from 3:00–4:00

(See Back for COVID-19 Safety Measures)

Quarantine has moved our normal schedules back a little, but we are going to make up for lost time! Start the Fall Season with a 6 week foundational clinic to brush up on basic skills and gain valuable experience. Participants will be assessed on the first Wednesday and split into two groups based on skill level. Both groups will meet at the same time on Wednesday and Sunday each week.

After the Foundational Clinic, choose specific skills to focus on in our two week Intensive Clinics. The same format will be followed with a skills assessment the first Wednesday to sort the participants into skill level groups.

Register for clinics individually or register for all and receive discounted pricing!

Questions? Contact Sarah Brewer for more information.

sbrewer@springfieldymca.org  (217) 544-9846 x112

Foundational Clinic:  Members $60                    Public $84
Intensive Clinics:   Members $28 (each clinic) Public $48 (each clinic)

Register for all clinics at once. A 14 week program!

Members: $158  Public: $262
COVID-19 Safety Procedures

To abide by best practices in slowing the spread of COVID-19 and operating within guidelines set by CDC, IDPH and YUSA, we ask participants to abide by the following:

Sign-In/Out: All participants will be signed in by parent/guardian in front of the building or in lobby space. All participants will have temperature taken and need to answer health screening questions. Parents will be asked not to remain inside the facility unless there to participate in a class or exercise. No one other than participants and staff will be allowed in the gymnasium. Sign out will happen in front of the building or in lobby space.

Participants will wash hands prior to entering the gymnasium.

All equipment will be cleaned using CDC approved products prior to and immediate following clinics.

Participants will be asked to wear face masks during times of waiting and transition.

Staff will wear face masks at all times unless there is a risk of safety.

Participant numbers will be reduced so that no more than 8 will be in one group at a time.

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 agree to abide by all YMCA COVID-19 related safety procedures. 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

REVISED 7.15.20