

SHEBOYGAN FALLS YMCA

305 Buffalo St, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

www.sheboygancountyyymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



HALLOWEEN VOLLEYBALL CLINIC

SATURDAY, OCTOBER 29, 2022

Girls in Grades 6 - 8

Come join in on the fun with our Halloween-themed volleyball clinic! This event is coordinated by Mark Schultz who has 26 seasons of competitive volleyball coaching experience. The clinic is for 6th through 8th grade girls who are serious about learning the fundamentals of the game of volleyball. Participants are encouraged to dress in appropriate Halloween attire. PLEASE NO FULL COSTUMES OR DANGLING ACCESSORIES! Light make-up, colorful spandex, wild leggings, and funky t-shirts are acceptable. Be ready to hit the court for some volleyball action! The clinic will include teambuilding activities, a pizza lunch, and a t-shirt! Prizes will be awarded for best "costume", most important teammate, and most improved participant.



IMPORTANT: The morning session is for players who have little or no volleyball experience at all to help improve their skills. The afternoon session is for players that have club and/or school team experience. **Please be sure to sign up for the proper session based on this criteria!**

The clinic will be held in the Sheboygan Falls YMCA Lohmann Gym. Space is limited to 24 girls per session, so sign up early and join the fun! **The registration deadline is October 14, 2022.**

Girls w/Little or No Volleyball Experience

Saturday 9:30am - 1:00pm

Girls w/Past Club and/or School Team Experience

Saturday 12:30pm - 4:00pm

Pizza lunch for both groups 12:30 - 1:00pm

SHEBOYGAN FALLS YMCA 10/29/22 HALLOWEEN VOLLEYBALL CLINIC

Please return to the Sheboygan Falls YMCA, 305 Buffalo St, Sheboygan Falls, WI 53085

Name _____ Birth Date _____ F

Address _____ City _____

State _____ Zip Code _____ Phone 1 _____ Phone 2 _____

School _____ Email _____

Emergency Contact _____ **Phone #** _____

Hold Harmless Agreement

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for myself and/or my child to participate and be photographed in YMCA activities.

Parent Signature _____ **Date** _____

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|---|---|---|---|
| <input checked="" type="checkbox"/> Clinic Fee | <input checked="" type="checkbox"/> Session | <input checked="" type="checkbox"/> T-Shirt Size | <input checked="" type="checkbox"/> Preferred Playing Position |
| <input type="checkbox"/> \$40.00 YMCA Family Member | <input type="checkbox"/> AM - little/no experience | <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Setter |
| <input type="checkbox"/> \$45.00 YMCA Youth Member | <input type="checkbox"/> PM - past club or school team experience | <input type="checkbox"/> Youth Large | <input type="checkbox"/> Hitter |
| <input type="checkbox"/> \$55.00 Participant | | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Defensive Specialist |
| | | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Unknown |
| | | <input type="checkbox"/> Adult Large | |

Email form to
aliermann@sheboygancountyyymca.org

Payment

Cash Check Credit Card # _____ Exp Date _____ 3 Digit Code _____

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____ 22F1-2YCLINIC..