ROCKWALL COUNTY YMCA
2010 Fall Volleyball
Ages 9 through 14

(As of July 31, 2010)

Player's Name: Phone:

(Last) **(First)**

Mailing Address:

(Street) **(City)** **(Zip)**

Date of Birth: Age: School Attending: Grade:

2010-2011 School Year

Mother's Name: Bus/Cell Phone: E-mail:

Father's Name: Bus/Cell Phone: E-mail:

Please describe any medical problems or prohibition player has:

Financial Assistance (WD)
Through our annual Sponsorship Campaign, the YMCA is able to provide scholarships for members and programs based on the individual need and the ability of the YMCA to fund the subsidy. Applications are available at the YMCA.

☐ I would like to sponsor a child to play @ $15 $25 $50 $75 $100 Other $_____

YMCA Team/Coach played for last season:

I wish to assist the YMCA this season by volunteering in the following manner…
(please print name in the space next to the appropriate volunteer position)

Head Coach: Assistant Coach: Team Parent:

How did you hear about the program? ☐ **School** ☐ **Web Site** ☐ **Mail** ☐ **Friend** ☐ **Other: _____**

In case of accident or illness, I authorize the calling of medical services. I will not hold the YMCA or the volunteers responsible. In case of accident, I can be reached at the above numbers. In the event of an emergency, I give the YMCA permission to provide first aid and/or transport my youth to the nearest medical facility. I also give permission for the necessary emergency treatment by a physician/hospital/clinic. By my signature and of my own free will, I do hereby agree to identify and hold harmless the YMCA from any and all claims and demands, cost or expense arising out of any injuries sustained by myself or any party in which I am responsible. I give my permission for the use of photos taken by the YMCA. ***I understand that a $10.00 service fee will be assessed to all credits or refunds***. **NSF POLICY** (Insufficient Funds)- All returned checks, bank drafts, and credit card charges will be submitted to ECASHFLOW systems and include a service fee of $30.

Signature: (Parent/Guardian) **Date:**

Please Check Appropriate Box:

August 1 – 31, 2010

YMCA Family Member **($30)** ☐ YMCA Activity Member **($90)** ☐

September 1 – 15, 2010 ($15.00 fee non-refundable)

YMCA Family Member **($45)** ☐ YMCA Activity Member **($105)** ☐

September 16th until teams are full ($25.00 fee non-refundable)

YMCA Family Member **($55)** ☐ YMCA Activity Member **($115)** ☐

www.rockwallymca.org

Amount Paid: Receipt #: Date: Staff Initials: