



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WEST SHORE YMCA GIRLS JUNIOR VOLLEYBALL CLUB REGISTRATION FORM

Name: _____ **T-Shirt Size:** _____

Full Address: _____

Phone: _____ **Email:** _____

Alternate email: _____ **Date of Birth:** _____

Age Bracket your child is trying out for (check age definition chart): _____

Tryout Dates:

U15-U18: July 27-28, 2024
U12-U14: October 19-20, 2024

Tryout Fees: (checks payable to West Shore YMCA)

Pre-registration: \$40
Late/Walk-in registration: \$55

Pre-Registration Deadline:

U15-U18: Thursday, July 25, 2024
U12-U14: Thursday, October 17, 2024

Please note: All tryout fees are non-refundable. Youth must try out for the appropriate age group and must be enrolled in school. Please turn in this form with your registration payment.

	18 & Under	18 & Under	17 & Under	16 & Under	15 & Under	14 & Under	13 & Under	12 & Under
July	2005	2006	2007	2008	2009	2010	2011	2012
August	2005	2006	2007	2008	2009	2010	2011	2012
September	2005	2006	2007	2008	2009	2010	2011	2012
October	2005	2006	2007	2008	2009	2010	2011	2012
November	2005	2006	2007	2008	2009	2010	2011	2012
December	2005	2006	2007	2008	2009	2010	2011	2012
January	2006	2007	2008	2009	2010	2011	2012	2013
February	2006	2007	2008	2009	2010	2011	2012	2013
March	2006	2007	2008	2009	2010	2011	2012	2013
April	2006	2007	2008	2009	2010	2011	2012	2013
June	2006	2007	2008	2009	2010	2011	2012	2013

School District/High School and Current Grade: _____

Parent/Guardian Names: _____

I give authorization for my child to participate in the West Shore YMCA Girls Junior Volleyball Club tryouts. I do hereby agree to release, discharge, and hold harmless the Harrisburg Area YMCA, its officers, agents, and employees from all causes, liabilities, and damages whatsoever on account of any injury or accident involving the above minor's attendance at the tryout.

Parent/Guardian Signature: _____ **Date:** _____