



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FRIENDSHIP YMCA 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: October 17 & 19, 2025

U14: October 17 & 19, 2025

Tryout Fees: (checks payable to the Friendship YMCA)

Pre-registration: \$40

Late/Walk-in registration: \$55

Pre-Registration Deadline:

U15: Thursday, October 16, 2025

U14: Thursday, October 16, 2025

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. Kids as young as 10 are encouraged to try out!

| | 15 & Under | 14 & Under | 13 & Under | 12 & Under |
|-----------|------------|------------|------------|------------|
| July | 2010 | 2011 | 2012 | 2013 |
| August | 2010 | 2011 | 2012 | 2013 |
| September | 2010 | 2011 | 2012 | 2013 |
| October | 2010 | 2011 | 2012 | 2013 |
| November | 2010 | 2011 | 2012 | 2013 |
| December | 2010 | 2011 | 2012 | 2013 |
| January | 2011 | 2012 | 2013 | 2014 |
| February | 2011 | 2012 | 2013 | 2014 |
| March | 2011 | 2012 | 2013 | 2014 |
| April | 2011 | 2012 | 2013 | 2014 |
| June | 2011 | 2012 | 2013 | 2014 |

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: _____