



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 18-19, 2026

U12-U14: October 17-18 (tentative)

Tryout Fees: (checks payable to West Shore YMCA)

Pre-registration: \$40

Late/Walk-in registration: \$55

Pre-Registration Deadline:

U15-U18: Thursday, July 17, 2026

U12-U14: Thursdays, October 15 (tentative)

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.

2026-2027 Age Definition Details Coming Soon

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:** _____