



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: July 12 & 14, 2026

Tryout Fees: (checks payable to the Friendship YMCA)

Pre-registration: \$40

Late/Walk-in registration: \$55

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	2011	2012	2013	2014
August	2011	2012	2013	2014
September	2011	2012	2013	2014
October	2011	2012	2013	2014
November	2011	2012	2013	2014
December	2011	2012	2013	2014
January	2012	2013	2014	2015
February	2012	2013	2014	2015
March	2012	2013	2014	2015
April	2012	2013	2014	2015
June	2012	2013	2014	2015

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:** _____