

Waiver of Liability and Promotion

The Maquoketa Area Family YMCA (hereinafter referred to as "Y") is not obligated to furnish any insurance under the "Y" Volleyball Program referred to below although it may do so without any obligation as to the adequacy of any insurance it might furnish. I, the parent or guardian of the applicant agree that the "Y" and all individuals participating in the "Y" Volleyball Program in any capacity, will not be liable for any causes of actions, claims and injuries arising out of the participation of the applicant in the "Y" Volleyball Program, and hereby release all said individuals from such claims and liabilities. The undersigned acknowledges that in all sports there are certain risks of physical injuries and all players participate at their own risk. I, as legal guardian or parent of any applicant hereby consent to the participation of the applicant in the "Y" Volleyball Program under the above mentioned conditions. I, also agree to abide by the young athlete's bill of rights.

We (I) give our (my) consent for this player to be photographed, videotaped and/or filmed while participating in any YMCA activity and for the resulting photos, etc. to be used by the YMCA for educational and promotional purposes. I have read and understand the above:

LEGAL AUTHORIZATION OF REGISTRATION INFORMATION AND WAIVER OF LIABILITY AND PROMOTION

Signature of Parent or Guardian

Date

Maquoketa Area Family YMCA
Youth Sports

Youth Basketball

For Boys and Girls Preschool-6th grade
Registration: through Dec. 20th
Late Fee Period: Dec 21 till league is full
Games Run: January 9-Feb 27

SWIM TEAM

Love to swim?

Inquire about our winter swim team!
Season runs November to February
More information coming soon



MANAGING THE CITY OF
MAQUOKETA'S
RECREATION FACILITY
&
PROGRAMS
SINCE 2007



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUMP SET GROW



SPORTS AND RECREATION
2020 Youth Volleyball
MAQUOKETA AREA FAMILY YMCA

YMCA Youth Volleyball

If you are 6 - 12 years old
experience the fun and excitement of YMCA
Youth Volleyball!

Volleyball Clinic

Clinics will be held at the YMCA in place of
practices.

7:30-8:30 Oct 27-Dec 17
8U on Tuesdays/ 12U on Thursdays

Games will be played on
Saturday mornings beginning
November 7 and
ending December 18 at the YMCA.
No games November 28th

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*A change of shoes is required to
participate in YMCA Youth Volleyball games
and clinic.*
****NO OUTSIDE SHOES ALLOWED****
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YMCA REVERSIBLE JERSEYS!

The Maquoketa Area Family YMCA uses reversible
jerseys. Each athlete will purchase one jersey
to wear for any Y Sports
program they register to
participate in. The athlete
may wear the jersey for as
many seasons as it fits.



Sign Up Early and Save!

Registration open through October 11
Fees:

Member rate: \$20
Non Member rate: \$40

Late Registration
October 12 until leagues fill up
Fees: Additional \$5 late fee applies

Volunteer Coaches

The Maquoketa Area Family YMCA needs volunteer
coaches in order to run its programs. Please consider
donating your time. It is a truly rewarding
experience. Volunteer coaches are the backbone of
our youth sports programs.

Just fill in the appropriate line on the registration form
if you are interested in coaching. Background checks
are required.

**Coaches' meeting will be held at the YMCA on
Monday, October 26th at 7:00 pm .**

INCOME-BASED MEMBERSHIPS

Build YOUR Membership today with our new
Income-Based Rate Calculator.

Visit www.maqymca.org and click the Join
button. Use the Rate Calculator to estimate
your monthly rate. If you qualify for a reduced
rate you will also receive a discount on all
programs! If you have additional questions
please call our friendly staff at the
Maquoketa Area Family YMCA at
563.652.6566.

The Maquoketa Area Family YMCA 2020 Youth Volleyball Registration Form

500 E. Summit St. Maquoketa, IA 52060
Phone - (563) 652-6566

TO BE FILLED OUT BY PARENT OR GUARDIAN
Participants Name _____

Boy _____ Girl _____

Grade _____ Age _____ Birthday __/__/__

Email Address _____

Address _____

City _____ State _____

Zip _____

Phone (Home) _____

Phone (Text) _____

Names of Parents/Guardian _____

Volleyball Divisions— (please circle one)

***** Age as of November 2nd *****

8U 12U

**Would either parent be interested in being a
volunteer coach?**

YES _____ NO _____

Volunteer Coach Contact information:

Name _____

Email Address _____

Phone _____

**Fill in both sides of the registration form.
The waiver of liability MUST BE SIGNED to have a
valid registration.**