



Youth Volleyball Program

Who: Girls ages 10-16

When: Sundays from 4:15PM – 5:45PM

September 29-November 17 (8 weeks)

Where: Wetsel Middle School Gymnasium

Cost: \$75.00/person

Instructor: Lindsay Von Herbulis



Program Design:

This program will teach basic volleyball skills necessary for competitive play. Participants will learn forearm and overhand passing, setting, serving, blocking and methods of attacking (spiking, tipping, etc.). Participants will also learn basic defensive and offensive positioning. The first half of each session will be dedicated to learning and practicing skills. The second half will consist of competitive play where participants will focus on skills taught in the first half.

This program is progressive. Each week will focus on a new skill with the most complex skills and information taught in the final weeks of the program.

No experience is necessary. No equipment is required, but participants may want knee pads and a water bottle.

Participants will register as either Advanced or Beginner/Intermediate. Participants will be accepted on a first-come first-serve basis at each level.

Participants will receive a t-shirt – be sure to specify T-shirt size on their registration form.

Please contact Coach Lindsay Von Herbulis at lindsay.mcparksrec@gmail.com for more information.

Registration forms and payment can be given to Coach Von Herbulis or to the Parks and Recreation office by 09/27/19. Payment may also be submitted online through our online payment system.





Madison County Parks and Recreation

Youth Sports/Program Registration

Sport/Program: _____ If Applicable: Boys Girls Co-Ed (circle one)

Participant Information

First Name: _____ Last Name: _____ Date of Birth: ___/___/___

Street Address: _____

City/State/Zip: _____ Primary Phone: _____

Gender: M / F Current Grade: _____ T-shirt size (if applicable): _____

Medical Conditions: _____

Jersey Size (if applicable): Youth Sizes: YSmall YMedium YLarge YXLarge **Top 3 Jersey Number Choices:**

Adult Sizes: Small Medium Large X-Large 2X 3X _____

Parent/Guardian Information:

First Name: _____ Last Name: _____

Email: _____ Daytime Phone: _____

Cell Phone: _____ Work Phone: _____

Mailing Address: (if different from above) _____

Emergency Contacts: (for when you can't be reached)

Name: _____ Phone Number: _____ Relationship: _____

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- In agreeing to participate in the program, as parent or guardian of Participant, I do hereby affirm that Participant's general health is good and is not adversely affected by exercise. Participant is capable of performing activities of this nature.
- For the opportunity to be a part of this program, I understand that I am responsible for my conduct and my child's conduct at all times. I will not berate, curse, defame or confront a coach, participants, other coaches, umpires or referees, or anyone associated with the youth program or allow my child to do so. Parent/Guardian is responsible for following the rules and regulations of a suspension from the participant's school. The Participant will not be allowed to participate in Madison County Parks and Recreation Authority Programs/Sports/Events if they are suspended after school hours from their school or excluded from extra-curricular activities due to their suspension from their school.
- It is likewise assumed and agreed that I will, at my own expense, make sure Participant wears proper clothing and protective equipment during activities, and that it is the responsibility of myself, as Parent or Guardian of participant, to make sure the criteria are met. I also agree to allow transportation to the nearest physician or hospital for medical treatment and agree to allow for immediate first aid if and when deemed necessary.
- I am also agreeing to allow my child's photograph to be used on the MCPRA website, www.hooverridge.com or any publication (i.e. newsletters, brochures) we may have for programs and events. I may choose to opt out by writing a letter to MCPRA or e-mailing Lindsay Von Herbulis at lindsay.mcpraparksrec@gmail.com.
- In consideration of participating in this activity, I do assume all risk of any injury and will indemnify and hold harmless, from any and all liability, action, cause of action, claims and demands of every kind or nature whatsoever that I have or which arise from or in connection with Participants involvement in this activity, the County of Madison, VA, the County Board of Supervisors, the Madison County Parks and Recreation Authority, the Madison County School Board and all officers, agents, employees, staff, volunteers and successors.
- I understand that if I violate any of the above, I can be suspended from being at practices/games by the sport's commissioner.

Parent/Guardian's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

MCPRA Use Only: Registered by: _____ Date: _____ Payment Received: _____ Check #: _____