



## YMCA ADULT CO-ED VOLLEYBALL LEAGUE

**WHAT:** Welcome to the Oahe Family YMCA Co-Ed Adult Volleyball League, where community members come together for an exciting and active experience during the chilly winter months. This league offers a fantastic opportunity for adults to stay active, socialize, and enjoy the thrill of volleyball in a friendly and inclusive environment.

The Oahe Family YMCA Co-Ed Adult Volleyball League features two distinct leagues, each catering to different preferences and skill levels with round-robin matches. A League is competitive, with teams keeping scores throughout the season, making it perfect for players who enjoy a challenge. B League offers a more relaxed and laid-back setting for players who prefer a less competitive environment.

Combat the winter blues by staying active and engaged in a sport that promotes physical fitness and mental well-being. The league welcomes players of all skill levels, creating an inclusive space for both beginners and experienced players. Participants not only enjoy the physical benefits of playing volleyball but also build lasting connections within the community.

**WHO:** Adults ages 18 and over.

**WHEN:** Sundays, starting at 5:30 PM, January 14 to April 21, 2024.

**TEAM CAPTAINS WILL RECEIVE AN INVITATION TO THE REMIND APP VIA TEXT/EMAIL FOR COMMUNICATIONS.**

**WHERE:** Oahe Family YMCA, Gym

**REGISTER:** At the YMCA, 900 East Church Street. Space is limited.

**COST:** \$145 per team.

**DEADLINE:** Must be pre-registered by **January 2, 2024.**

**Most communications from the YMCA about this program will be by come from [joshd@oaheymca.org](mailto:joshd@oaheymca.org) and the Remind App.** Because emails are sent to the entire group registered for this program, some filters send them to junk/spam. Add the email to your safe list. Make sure to check your email and the Remind App during the program for updates and information on this program.



----- ( REGISTRANTS CUT AND KEEP ABOVE PORTION ) -----

**THIS PORTION OF THE FORM MUST BE COMPLETED CLEARLY AND TURNED IN.**

**TEAM CAPTAIN NAME** \_\_\_\_\_ **LEAGUE (A or B)** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Member** ☐ **Non-member** ☐ **Email (NO STATE OR BUSINESS EMAIL)** \_\_\_\_\_

**WAIVER:** In consideration of the YMCA's acceptance of my participation in the above-named program, I waive any-and-all claims for myself, and my heirs that I may have against the Oahe YMCA, it's Board of Directors, Pierre Public Schools, employees, sponsors, officials, and volunteers, for any-and-all injury or illness which may directly or indirectly result from my participation in this program. I further state that I am in proper physical condition to participate in this program.

**Team Captain Signature** \_\_\_\_\_

**Turn over page and complete the back...**

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Provide the names, phone numbers, and emails of your team players. Do not use a state or work email addresses. Captains will be sent a waiver for players to complete. Waivers are to be collected and turned in to [joshd@oaheymca.org](mailto:joshd@oaheymca.org) by the start of the season.

Any teams unable to play as schedule must alert the program director and captain of the opposing team by 12 PM the day of said match.

|                |              |       |
|----------------|--------------|-------|
| 1. Player Name | Phone Number | Email |
| 2. Player Name | Phone Number | Email |
| 3. Player Name | Phone Number | Email |
| 4. Player Name | Phone Number | Email |
| 5. Player Name | Phone Number | Email |
| 6. Player Name | Phone Number | Email |

