



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Volleyball Private Lessons Individual or Group

The YMCA will now be providing Private Volleyball lessons for ages 8—16. These lessons will be given by Kaylee King, Program Director. Kaylee played varsity volleyball in high school where she received both First Team All Conference and Second Team All Area recognitions. She has also coached at the varsity and middle school levels.

These lessons will be set up by appointment. Lessons can be done in either a group setting or an individual setting. Groups must be at the same skill level and age. Lessons will be an hour long and there are options for multiple days/week.

Parents must provide appropriate shoes and training equipment (knee pads, clothing, etc.)

**Program Fees– Individual:**

Members: \$20.00/hour

Program Participants: \$30.00/hour

**Program Fees– Group (2-6):** Pricing is per person in the group

Members: \$10.00/hour

Program Participants: \$15.00/hour

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Skill Level: \_\_\_\_\_

Group or Individual: \_\_\_\_\_

\*if group, please list other participants (each participant will need their own form)

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

In consideration of gaining entrance to the YMCA for myself and my family, or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from our participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I understand I need to check with my doctor if I or my family members have any health conditions that might cause concern when involved in any activities at the YMCA. I agree to adhere to all policies set by the Hardin County Family YMCA.

I give my permission to the Hardin County Family YMCA to use photographs, film footage, or tape recordings, which may include mine or my family's image or voice for purposes of promoting or interpreting YMCA programs or activities.

**Please sign here to indicate that you have read and agree to the above:**

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_