YUBA CITY RACQUET & HEALTH CLUB

Youth Fitness Clinic 2026/27

INCLUDED WITH ALL FAMILY AND ONE PARENT FAMILY PLANS

VOLLEYBALL CLINIC



Day: Every Monday

Ages 6-11 @ 4:00pm—5:00pm

Ages 12-16 @ 5:00pm—6:00pm

Description: **Ages 6-16:** Our volleyball clinic is an introduction to the fundamentals of the game; such as, passing, serving, setting and hitting. Also incorporated within the clinic are speed and agility drills, which will aid young athletes with their hand eye coordination, basic motor skills and overall development. RAIN or SHINE event.

Location: Volleyball clinics will be held at The Racquet Club, 825 Jones Road, Yuba City, 95991

ADDITIONAL INFO: Classes are non refundable and non transferable. Revolving billing is MTM, 30 day expiration and a written 30 day notice to cancel is required. There are no make up sessions. For more details contact the Club at: p:530.673.6900

Please sign waiver on back of registration form

Participant Name: _____ **D.O.B:** _____ **Date:**_____

Guardians Name: _____ **Phone #:** _____

Please List Clinic or Clinics Name: _____

Address: _____

COST: **Member (Non Family Plan): $59** per month or 2 clinics for $99 per month

Non-Member or Charter School: $79 per month or 2 clinics for $149 per month

Charter School Name if Applicable:_____

Revolving Billing Signature (members only) :_____ **Date:**_____

Check # _____ or If you wish to use a **credit card** ____ or **cash** ____ please indicate and take your registration form to the Front Desk to complete your transaction. **Credit Card #** _____ **Ex date:** _____

WAIVER OF LIABILITY

The undersigned recognizes that the use of the equipment and facilities of the Yuba City Racquet and Health Club involves a risk of physical injury including that caused by the negligence of himself/herself or The Yuba City Racquet and Health Club, its agents and employees. The undersigned hereby agrees to assume the risk of injury in its entirety regardless of the cause.

The undersigned hereby voluntarily and forever releases, discharges, waives and relinquishes any and all actions, causes of action, or claims or personal injury, property damage or wrongful death occurring to himself/herself, against the Yuba City Racquet and Health Club, its agents and employees arising out of his/her use of the facilities. The undersigned further relinquishes any action, causes of action, or claims which may hereafter arise, and agrees that under no circumstances will he/she present any claim for personal injury, property damage or wrongful death against the Yuba City Racquet and Health Club, its agents and employees, arising out of his/her use of the facilities.

The undersigned agrees that in the event of any claim for personal injury, property damage or wrongful death to the undersigned is prosecuted against the Yuba City Racquet and Health Club, its agents and employees, he/she shall indemnify and save harmless the same Yuba City Racquet and Health Club from any and all such claims and causes of action.

IT IS THE INTENTION OF THE UNDERSIGNED, BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE YUBA CITY RACQUET AND HEALTH CLUB, ITS AGENTS AND EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY ITS NEGLIGENCE.

(signature of Legal Guardian is required if guest is under 18 years old)

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

PRINT NAME: _____ SIGNATURE: _____ DATE: _____