

# YADULT LEAGUES™

## 2011 Winter Coed 6's Volleyball League Registration Form

### League Information

<b>Team Name:</b>	<b>Team Sponsor:</b>
<b>Day:</b> <input type="checkbox"/> Thursdays, February 17 - May 5, 2011 <input type="checkbox"/> Fridays, February 18 – May 6, 2011	<b>Team Fee:</b> <input type="checkbox"/> \$180 (3 or more Y Members) <input type="checkbox"/> \$220 (less than 3 Y Members)
<b>Team Status:</b> <input type="checkbox"/> New <input type="checkbox"/> Returning	<b>Level of Play:</b> <input type="checkbox"/> Competitive <input type="checkbox"/> Intermediate

### Team Contact

<b>Name:</b>	<b>Primary Contact Number:</b>
<b>Address: (City, State, ZIP)</b>	<b>E-Mail Address:</b>
<b>YMCA Member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Team Roster

Player Name:	Home Phone:	Member
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.		<input type="checkbox"/> Yes <input type="checkbox"/> No
10.		<input type="checkbox"/> Yes <input type="checkbox"/> No

#### WAIVER OF LIABILITY

*I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the YMCA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth sports programs and activities (the Programs), I hereby release, discharge and/or otherwise indemnify the YMCA, its affiliated organizations and sponsors, their employees and associated personnel including the owners of facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the Programs and/or being transported to or from the same with transportation I hereby authorize.*

**Team Contact Signature** \_\_\_\_\_ **Date** \_\_\_\_\_