



YMCA Adult Co-Ed Volleyball Fall Team Registration Form



Team Captain: _____ **Email:** _____

Address: _____ **Date of Birth:** _____

Best Contact Number: _____ **Secondary Number:** _____

TEAM NAME: _____

Member #1: _____ DOB: _____

Member #2: _____ DOB: _____

Member #3: _____ DOB: _____

Member #4: _____ DOB: _____

Member #5: _____ DOB: _____

Member #6: _____ DOB: _____

Member #7: _____ DOB: _____

Member #8: _____ DOB: _____

Member #9: _____ DOB: _____

Member #10: _____ DOB: _____

\$200 Team Registration: must be paid before the first game!!

Team fee will be listed under the team captain's name in the YMCA system

RELEASE AND WAIVER OF LEGAL LIABILITY (FOR ENTIRE TEAM)

We take full responsibility for our welfare and safety on or at YMCA activities. The YMCA will not be liable or responsible for any personal injuries or illnesses, and/or loss or damage to personal property, sustained while using the YMCA facilities. We further hereby release the YMCA from any claims what so ever, which may arise as a result of any first-aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at the YMCA. The YMCA reserves the right to suspend/terminate an individual, team or league of "Adult Volleyball" if the participant or team's conduct is not consistent with the YMCA's mission and code of conduct.

**HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS,
WE HAVE EXECUTED THIS RELEASE TO BE EFFECTIVE IMMEDIATELY.**

Signature: _____ **Date:** _____