



# Co-Ed Adult Soccer Registration Form

ADAIR COUNTY FAMILY YMCA



WHO: Men & Women 16 years and older

WHEN: 10 week session schedule beginning February 8, 2016

WHERE: Adair County Family YMCA

TIMES: Monday evenings starting at 7 PM (Wednesdays will be added if needed)

COST: \$20 per player on team roster

DEADLINE: January 27, 2016

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

Team Captain: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby agree to hold the YMCA officers, directors, employees and volunteers from any and all claims, damages or liabilities for personal injuries or property damage, loss/theft of personal items or articles of any nature whatsoever, arising out of or in any way connected with participation in the YMCA programs regardless of the cause of any such claim, damage or liability.

**By signing below, I have fully read and understand the above information.**

This must be signed by all players before they play.

### TEAM ROSTER (15 Max)

Name (Please Print)	Signature	Phone	Y-Mbr	Date of Birth
1.			Y / N	
2.			Y / N	
3.			Y / N	
4.			Y / N	
5.			Y / N	
6.			Y / N	
7.			Y / N	
8.			Y / N	
9.			Y / N	
10.			Y / N	
11.			Y / N	
12.			Y / N	
13.			Y / N	
14.			Y / N	
15.			Y / N	

Total Amount Enclosed: \_\_\_\_\_

For office use only

\_\_\_ cash \_\_\_ check \_\_\_ credit Staff initials \_\_\_ Date \_\_\_ Receipt# \_\_\_