



Men's Basketball Registration Form

ADAIR COUNTY FAMILY YMCA

WHO: Men 16 years and older

WHAT: 3 on 3 League

WHEN: 10 week session schedule beginning February 7, 2016

WHERE: Adair County Family YMCA

TIMES: Sunday afternoons starting at 1 PM

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

Name (Please Print)	Signature	Phone	Y-Mbr	DOB
1.			Y / N	
2.			Y / N	
3.			Y / N	
4.			Y / N	
5.			Y / N	
6.			Y / N	
7.			Y / N	
8.			Y / N	

Total Amount Enclosed: _____

For office use only

___ cash ___ check ___ credit Staff initials ___ Date ___ Receipt# ___