



# Co-Ed Volleyball Registration Form

ADAIR COUNTY FAMILY YMCA

WHO: Men & Women 16 years and older

WHEN: 10 week session schedule beginning February 12, 2016

WHERE: Adair County Family YMCA

TIMES: Friday evenings starting at 6 PM

COST: \$20 per player on team roster

DEADLINE: January 27, 2016 (A minimum of 4 teams and a maximum of 12 teams will be accepted)



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	
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# \_\_\_