

REGISTRATION PROCEDURES

WHO Ages 15 and older.

WHAT 4-on-4 and/or 6-on6 volleyball.
Round Robin play.

WHEN Thursdays, 7:30 - ? p.m.
Starts January 26, open gym. League play begins February 2. Games played at the YMCA Gym.

WHERE YMCA Gymnasium; 2020 Church Street.

REGISTRATION FORM DEADLINE

Complete for each player, including signatures. All entries must be received at the YMCA/Sam-O Swim Center, 580 Baker Street, or at the YMCA Gym January 26. Youth ages 17 years and younger must have parent / legal guardian signature.

FEES **\$100** if paid by January 26
\$125 if paid after January 26

GAME SCHEDULES Contact Chris Johnson, 523-2230.

IF YOUR TEAM CANNOT PLAY at a particular time, please note that here; otherwise you will be expected to play as scheduled or forfeit any matches:

Volleyball Adult League

BAKER COUNTY FAMILY YMCA

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Winter 2012



580 Baker Street
Baker City, OR 97814
Phone: 523-YMCA (9622)

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BAKER COUNTY FAMILY YMCA
Winter 2012 Adult Volleyball Roster

For Office Use Only
Receipt # _____
\$ Paid _____
Date _____

\$100 if paid by January 26; **\$125** after January 26

Team Name _____

WAIVER Every reasonable effort will be made to ensure the safety of the playing facilities, however the Baker County Family YMCA and St. Francis Catholic Diocese do not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. By signing the registration form below, I hereby release and hold harmless said associations and any and all persons associated with said associations and this event from any and all injuries, negligence or damage and for any claims or causes of action arising from my participation in this event and will assume all related costs. I am in good physical condition and able to participate in this event. I HAVE READ AND FULLY UNDERSTAND THE FOREGOING, AND ATTEST THAT THE INFORMATION PROVIDED BY ME IN THIS ENTRY IS TRUE.

PLEASE PRINT NEATLY! PLEASE PRINT NEATLY! PLEASE PRINT NEATLY!

Captain _____
Address _____
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Signature _____

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