



YMCA Co-Ed Volleyball League

Games Start January 31st until mid-April on Thursdays @ 6 PM

TEAM Name: _____

P-R-I-N-T NEATLY

Participant's Name _____
(first) (last)

Birth Date ____/____/____ Male ____ Female

Address _____

City _____ State ____ Zip Code _____ Phone # _____

Email _____

EMERGENCY CONTACT

Name _____ Home # _____ Work # _____ Cell # _____

FEES

Team Fee: \$120

WAIVER and AUTHORIZATION. I certify that I am in good physical condition and can participate in the YMCA sports program named above. Every reasonable effort will be made to ensure the safety of the playing fields and facilities, however the YMCA does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. I realize that there is potential for injury in sports programs and I agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches, directors or other personnel associated with the program to secure proper treatment and/or hospitalization for me. Knowing that the YMCA does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my participation in the program. I hereby waive, release and hold harmless the YMCA, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, damages and for any claims or causes of action arising from my participation in the program. I give permission for media to be taken of me to be used for YMCA promotional purposes and sponsors.

BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING

Parent / Legal Guardian Signature _____ Date _____

WHO Men/Women ages 16 and older. Players under 18 must have a parent signature.

WHAT Co-Ed Volleyball.

WHERE 2020 Church Street, YMCA Gymnasium.

TEAMS Must be registered on a team roster prior to playing.

REFEREES Call own game

MAIL IN OR BRING COMPLETED FORM AND FEE TO:

Baker County YMCA
3715 Pocahontas Road
Baker City, OR 97814

Phone
(541)523-9622

FOR OFFICE USE

Amount Paid \$ _____
Receipt # _____ Date _____