



2019 Adult Co-Ed Volleyball Registration Form

MEXICO AREA FAMILY YMCA

WHO: Men and Women 18 years or older and not presently attending High School

WHEN: November 3, 10, 17, 24 and December 1 and 8, 2019 (6 week schedule)

WHERE: Mexico Area Family YMCA

TIMES: Sunday afternoon and early evening

COST: \$200.00 per team, (All players must be listed on roster.)

DEADLINE: Monday October 21, 2019

Team Name: _____ Team Contact: _____

Address: _____ Phone: _____ Email: _____

AGREEMENT:

In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose including, but not limited to observation or use of facilities and equipment, or participation in any off-site programs affiliated with the YMCA, the undersigned for him/herself and any other personal representatives, executors and administrators, WAIVE, RELEASE, DISCHARGE, AND COVENENT NOT TO SUE the Mexico Area Family YMCA, their directors, officers, employees, and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in the program or any other activities.

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

All players must sign:

Name, Please Print	Signature	Phone	DOB
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Date ___/___/___ Amt. pd. _____ Receipt# _____ Staff _____