



# YADULT LEAGUES™

We build strong kids, strong families, strong communities.

## Co-Ed Volleyball League

### 16 & up Registration Form



**Registration:** September 6 – October 10  
**Season Begins:** Tuesday, October 26th  
**Captain's Meeting:** Wed, Oct 13 @ 6 PM @ Fitness Center  
**Team Fee:** \$ 250.00 Minimum 5 teams (8 Game Season)

Please put phone numbers on all players & sign waiver line  
 Each team must have own same color shirts with non repeating no.

T-shirts will be awarded to the 1<sup>st</sup> Place team.

Calhoun County YMCA (located in the Memorial Medical Plaza) 361-551-2562

#### CALHOUN COUNTY YMCA 16 + SPORTS REGISTRATION FORM

Team Captain: \_\_\_\_\_ Team Name: \_\_\_\_\_ Team Color: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Player's Name: _____	Ph: _____	Waiver: _____
Player's Name: _____	Ph: _____	Waiver: _____
Player's Name: _____	Ph: _____	Waiver: _____
Player's Name: _____	Ph: _____	Waiver: _____
Player's Name: _____	Ph: _____	Waiver: _____
Player's Name: _____	Ph: _____	Waiver: _____
Player's Name: _____	Ph: _____	Waiver: _____
Player's Name: _____	Ph: _____	Waiver: _____
Player's Name: _____	Ph: _____	Waiver: _____
Player's Name: _____	Ph: _____	Waiver: _____
Player's Name: _____	Ph: _____	Waiver: _____
Player's Name: _____	Ph: _____	Waiver: _____

I hereby give approval and assume all risks and hazards to my participation in the YMCA league. I waive, release, absolve, indemnify, and agree to hold harmless the YMCA league, organizers, supervisors, officers, directors, coaches, participants, and referees, from any claims arising out of injury to me.

Signature of Team Captain \_\_\_\_\_

Date \_\_\_\_\_

Reg Fee: _____	Member Id _____	Cash Or Ck.#: _____	Receipt #: _____	Date: _____	Staff: _____
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