

ADULT SPORTS REGISTRATION FORM

□ 18+ Men's Basketball □ 30+ Men's Basketball □ Coed Softball

□ Coed Soccer □ Coed Volleyball □ Coed Flag Football

Name of Participant Returning player Y/N
First Last
Age: D.O.B / / Gender: (M / F) Are you interested in being a team captain? Y / N
AddressStateZip
Email address: (Please provide email to receive league information)
Cell # Employer:
Emergency contact: NamePhone
Team Name:
Shirt Size: AS AM AL AXL AXXL AXXXL (<i>Shirts can not be returned or exchanged. Re-order charges apply)</i>
I am willing to participate as a volunteer in support of this program as a:
Sports Assistant Referee / Official
GAME DAYS Basketball games are played on Wednesday's nights. Softball games are played on Sunday afternoon. Soccer games are played on Saturday mornings. Alternate days are possible depending on the number of teams that register. Free agents will either be added to existing teams and/or a team will be formed comprised of free agents.
PROGRAM FEES
If enrolling during late registration, a \$10 late fee may be applied
PARTICIPATION WAIVER I understand that the Central Florida YMCA assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or resulting from my athletic activities, sports program, the use of any equipment, exercise or activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illness, which may result from my participation in these activities. I hereby release and discharge the Central Florida YMCA, it's agents, servants and employees from any and all claims for injury, illness, death, and loss or damages which I may suffer as a result of my participation in these activities. I give permission to the Central Florida YMCA to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include me or my family's image or voice for the purpose of promoting or interpreting Central Florida YMCA programs. All leagues could involve some travel to other Central Florida YMCA's for games. ACCEPTANCE I acknowledge the waiver set forth above, and being in sympathy with the Mission Statement of the Central Florida YMCA agree to sign this waiver. I agree to comply with the YMCA Youth Sports Philosophy by upholding the values of Caring, Honesty, Respect, Responsibility, and Faith
Signature Date Amount Paid: \$Date:
Signature Date Amount Paid: \$ Date: Cash / Card / Check #: Staff: Staff: