



Lynch-van Otterloo YMCA Adult Sports Leagues

Registration Form for all leagues

PLEASE CHECK APPROPRIATE LEAGUE

18+ Basketball League 30+ Basketball League

Volleyball League Wiffle Ball League

Other: _____

**Schedules and rosters will be emailed out prior to the start of leagues.
Please check the program guide for complete league description.*

Team Player Requests: _____

Name of Player: _____ Birthdate: __/__/__ Age: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

T-shirt Size (please circle) S M L XL XXL

In case of emergency contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

AGREEMENT

1. I hereby certify that I am in normal health and capable of safe participation in this league. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment in the event that the emergency contact cannot be reached.
2. I will play within the rules that govern this league.

Signature of participant

Date

FOR OFFICE USE

Date _____ Amount paid _____ Check # _____ Cash _____ Receipt # _____

Team assignment _____