



Andover YMCA ADULT & CORPORATE VOLLEYBALL

LIFECHANGING | Greater Wichita YMCA | ymcawichita.org | facebook.com/ymcawichita

Divisions: Coed Recreation (6v6) Sunday
 Women's Recreation (6v6) Sundays

Season: Coed Volleyball (9/11 – 11/13/11)
 Women's Volleyball (9/11 – 11/13/11)

Captain Name: _____

Address: _____

Phone: _____

Email: _____

- 10 games plus single-elimination tournament.
- A participant waiver (see below) must be completed and signed for each player. These waivers must accompany team registration.
- Full team payment must accompany roster for registration to be complete.
- Champions will receive a championship shirt.
- Cost is \$180/team.
- Individuals may sign up at \$30 per person and be placed on a team with other individual players (placement on a team contingent on number of individuals registered)
- **Deadline to Register 8/29/11.**

Mail complete registration, waivers and payment to:
 Andover YMCA Sports Director
 1115 E US Hwy 54
 Andover, KS 67002

	Name	Address	Phone
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2011 FALL ADULT VOLLEYBALL PARTICIPANT WAIVER

Completed waiver must be filled out for each player on the team and returned with team's registration and payment.

Participant Name: _____ Email Contact: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Gender: _____ Age: _____ DOB: ____/____/____ Company: _____

Emergency Contact: _____ Home Phone: _____ Alternate Phone: _____

PARTICIPATION RELEASE – ONE FORM PER PLAYER
 I release the Greater Wichita YMCA, its coaches and officials from all claims of injury which may be sustained by above child while participating in any YMCA-sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required, I give my permission for such medical care. I also agree to follow the Greater Wichita YMCA sportsmanship standards and guidelines. By signing below, I give the YMCA permission to use photographs or videos of the above named participant in its promotional/educational materials.

For Office Use Only

Date _____ Amt Due _____

Payment Method Visa
 MasterCard
 Check

Staff Name _____

 Player/Captain Signature

 Date