## Mud Volleyball: Summer '17

Registration Deadline: Saturday, June 24th



Pike County YMCA (740) 947-8862 www.pikecountyymca.org

Please Complete Both Sides

|             | Team Color:   |  |   |  |
|-------------|---|--|---|--|
|             |   |  |   |  |
|             | City:   | Zip  | Zip Code:   |  |
| Cell Phone: |   |  |   |  |
|             | *Most lea   | ague correspondences wil   | l be done through e-mail  |  |
|             | The following information must be collected and complete, prior to participation. |  |   |  |
| First Name  | E-Mail Address  | Date of Birth  | Phone #   |  |
|             |   |  |   |  |
|             |   |  |   |  |
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|             |   |  |   |  |
|             | First Name  | City: Cell Phone:  *Most lead The following information must be collected an | City: Zip  Cell Phone:  *Most league correspondences wil  The following information must be collected and complete, prior to participal |  |

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| Team Roster | The following information must be collected and complete, prior to participation. |  |                   |                           |
|-------------|---|--|-------------------|---------------------------|
| Last Name   | First Name  | Home Address (please include city and zip) | Emergency Contact | Emergency Contact Phone # |
|             |   |  |                   |                           |
|             |   |  |                   |                           |
|             |   |  |                   |                           |
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|             |   |  |                   |                           |
|             |   |  |                   |                           |
|             |   |  |                   |                           |

| Coaches Waiver  | I, the above named coach of this team, wish to register my team in the YMCA Volleyball League. I hereby state that all the |           |      |  |  |
|---|--|-----------|------|--|--|
| above information is true and that all my players meet the age requirements for the division in which we will be competing. Furthermore, I agree to |  |           |      |  |  |
| conduct myself with spo   | ortsmanship and instruct my team to do the same.   | Signature | Date |  |  |