## Adult Softball: Spring '17

Registration Deadline: Saturday, April 15th



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

Please Complete Both Sides

Team Color:				
	City:	Zip	Zip Code:	
	Cell Phone:			
	*Most le	ague correspondences wi	I 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 #	
	First Name	City:  Cell Phone:  *Most le	City: Zip  Cell Phone:  *Most league correspondences will  The following information must be collected and complete, prior to participal	

## **Adult Softball: Spring '17**

Registration Deadline: Saturday, April 15th

Please Complete Both Sides



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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 #

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 th				
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 spe	ortsmanship and instruct my team to do the same.	Signature	Date		