



Waldo County YMCA

★ We build strong kids, strong families, strong communities. ★

Captain's Registration Form Adult Sports Programs

Team Name: _____ Team Color: _____

Registering For: _____ Division: _____
Please list the sport you are registering for.

Captain's Name: _____
Team will be registered under this name.

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cellular Phone: _____

Email Address: _____

Team Registration Fees: *Payment is due at time of registration*

Co-Ed Slowpitch Softball : Team Fee: \$450, registration deadline & Captains Meeting: May 29th 6:30pm

Adult Soccer	Registration deadline & Captains Meeting: May 31 @ 6:30pm
Team Fees:	Men's & Women's \$400 / team
	High School \$300 / team
	Co-ed Team \$300 / team

Office use only

Registration Received By: _____ Date: _____ \$Paid _____

Entered into Member ST By: _____ Date: _____ \$Paid _____

Waldo County YMCA Adult Sports Roster Form

Team fee is due at time of registration. Rosters are due 1st scheduled game.

Registering for: _____

Captains Name: _____

Co-Captain: _____

Contact # _____

Contact # _____

Email: _____

Email: _____

Team Name _____

Team Color _____

In signing this agreement, I specifically assume all risks of injury arising out of my presence on the premises of the Waldo County YMCA, the use of its equipment or facilities, and my participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns to hereby waive, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, volunteers, employees or agents.

I understand the risks and dangers involved in participating in the programs and activities of the YMCA. I certify that I am physically capable of any activity that may injure myself or others.

I hereby authorize the employees of the Waldo County YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment to myself in the event of an accident.

Participants Name: _____ **Phone Number:** _____

I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.

Signature: _____ **Date:** _____

Participants Name: _____ **Phone Number:** _____

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