



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**ADULT CO-ED  
VOLLEYBALL LEAGUE  
OCT 22-DEC 17  
THURSDAY NIGHTS  
STARTING AT  
6:00PM**



**Register by Oct. 13<sup>th</sup>  
\$230.00 per team  
Payment due in full at  
time of registration.**

North Street Auburn, IN  
46706 260 925 9622  
[www.ymcaokalb.org](http://www.ymcaokalb.org)

Maximum 10 players  
per team



**YMCA of DeKalb County, Inc.**

**Adult Sports**

Coed volleyball \_\_\_\_\_ Year - 2015 official roster

Date of Program: \_\_\_\_\_ Team Name: \_\_\_\_\_

(Captain name)

(Phone and/or cell #)

(E-mail address)

**Participant Waiver and Medical Release**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of DeKalb County for any non-profit purpose, including, but not limited to observation or use of facilities of equipment, or participation in any off-site program affiliated with or personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA of DeKalb County for observation or use of any facilities or equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA of DeKalb County FOR ANY NON-PROFIT PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA of DeKalb County, OR USE OF FACILITIES AND EQUIPMENT MANAGED BY THE YMCA of DeKalb County, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, HOLD HARMLESS AND RELEASE the YMCA of DeKalb County, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, cost and expenses, may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. Further, the undersigned assumes full responsibility for and risk of bodily injury, death, or property damage incurred by the undersigned using and facilities or equipment of the YMCA of DeKalb County or managed by the YMCA of DeKalb County THE UNDERSIGNED further agrees that the foregoing INDEMNITY AGREEMENT and GUEST RELEASE is intended to be as broad and inclusive as is permitted by the law of the Sate of Indiana and that if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE IMDEMNITY AGREEMENT and GUEST RELEASE, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

All players must print and sign this form in order to play in the league.

1.	_____	_____	_____	_____
	Print Name	Signature	Email Address	*preferred method of contact*
2.	_____	_____	_____	_____
	Print Name	Signature	Email Address	*preferred method of contact*
3.	_____	_____	_____	_____
	Print Name	Signature	Email Address	*preferred method of contact*
4.	_____	_____	_____	_____
	Print Name	Signature	Email Address	*preferred method of contact*
5.	_____	_____	_____	_____
	Print Name	Signature	Email Address	*preferred method of contact*
6.	_____	_____	_____	_____
	Print Name	Signature	Email Address	*preferred method of contact*
7.	_____	_____	_____	_____
	Print Name	Signature	Email Address	*preferred method of contact*
8.	_____	_____	_____	_____
	Print Name	Signature	Email Address	*preferred method of contact*
9.	_____	_____	_____	_____
	Print Name	Signature	Email Address	*preferred method of contact*
10.	_____	_____	_____	_____
	Print Name	Signature	Email Address	*preferred method of contact*