FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MUST REGISTER BY FEBRAURY 6.

Program	Days/Start Date	Games	Format	Team/Member/Non
Rec Basketball (Participants must be 18 or over)	Monday evenings (Feb. 13)	8 + playoffs	5v5	150.00/ 40.00/75.00
40 and over Rec Basketball (All team members must be 40 or older)	Monday evenings (Feb. 13)	8 + playoffs	5v5	150.00/40.00/75.00

TEAM SIGNUP

Rec Basketball____ 40+____

Team Name: _____

Captain's Name: _____

Captain's Address: _____

City, State, Zip: _____

Captain's Phone: (home) _____ **(cell)** _____ **(work)** _____

Captain's E-Mail: _____

Team Members Names: _____

INDIVIDUAL SIGNUP

Please check all that you are registering for: ☐ **Rec. Basketball**

Player's Name: _____

Player's Address: _____

City, State, Zip: _____

Player's Phone: (home) _____ **(cell)** _____ **(work)** _____

Player's E-Mail: _____

PAYMENT/WAIVER INFO

Enclosed is: ☐ Check ☐ Cash Amt: $_____ Check #:_____

MAKE CHECKS PAYABLE TO: YMCA

MAIL TO: County YMCA
ATTN: Adult Sports
12285 YMCA Dr.
Edinboro, Pa 16412

PAYMENT KEY
Team Fee's: 150.00
Individual: 40.00 members
75.00 non-members

PLEASE READ AND SIGN BELOW: The undersigned agree and consent to assume all risks in connection with participation in activities of recreation at County YMCA and release and discharge County YMCA from all claims, demands and damages for injuries to person and damages to property which may befall the herein named while participating in such activities, including all risks connected therewith, whether seen or unforeseen; and further to save and hold harmless County YMCA from any claim arising out of the participation of such activities.

SIGNATURE: _____ DATE: _____

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