

Miami County YMCA

Presents:

Adult Co-ed Volleyball League

Fall 2022



Date: August 30th—November 17th
Tournament starts November 29th

Time: Tuesday and Thursday nights at
8:00pm and 9:00pm

Location: Miami County YMCA

Register by August 25th

Captains meeting on August 25th

\$ 30 Members
\$ 60 Non-members

**Register in-house at
the Miami County
YMCA**

For more information contact:

Rita Clingaman
League Coordinator
rclingaman@mcymca.org
765-472-1979 ext. 700

Samantha McCullough
Associate Sports Director
smccullough@mcymca.org
765-472-1979 ext. 719





ADULT PROGRAM REGISTRATION FORM

MIAMI COUNTY YMCA

751 WEST SECOND St., Peru IN 46970 (765) 472-1979

Adult Sport Program: Soccer Basketball Volleyball

Name: _____ Gender: F M Birth date: ___/___/___
Last First

Contact Phone: (____) ____ - _____ **Contact e-mail:** _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Shirt Size: () Youth () XS () S () M () L **OR** () Adult () S () M () L () XL

Captains Name or Team Name: _____

WAIVER OF LIABILITY AND DISCLAIMER

To induce the Miami County YMCA to accept registration and permit participation in the YMCA program by the named individual, I hereby agree to release, indemnify, and hold harmless the Miami County YMCA, its officials, coaches, and representatives from any claim arising out of injury, property damage, disability, death, sickness, or disease incurred by the named individual. We also hold harmless the Miami County YMCA, its officials, coaches, and representatives, from any claim arising out of injuries or conditions caused by or aggravated by our/my refusal to obtain available medical treatment based on religious or philosophical beliefs.

1. I hereby certify that the named individual is in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the named individual in the event that the emergency contact (or parent if applicable) cannot be reached.
2. I support YMCA philosophy and core values, which are caring, respect, honesty and responsibility.

Participant Signature: _____

Parent or Guardian Signature: _____

OFFICE USE:

Date: _____ Amount Paid: _____ Receipt #: _____