



ADULT SPORTS – WAIVER & ROSTER

TEAM NAME: _____

SPORT: _____ WEEK DAY & LEAGUE: _____ (i.e. Monday Rec, Tuesday D-II) Year: _____

NOTE: By signing below I certify that I have read, understand and agree to the points listed below:

- I hereby release the YMCA of Lenawee County and any associated persons or employees from any claims for injuries, personal losses, or damage done to personal property while on the premises of either the YMCA of Lenawee County, or properties associated with specific programs of the organization.
- I agree to indemnify and save harmless the YMCA of Lenawee County from any claims or demands arising out of any such injuries or losses.
- I authorize the publication of any photography taken for or during this program for the use of promoting or advertising further programs, unless I notify the YMCA of Lenawee County, of my desire to not permit any published photos at the time of registration.

PLAYER 1 = TEAM CAPTAIN

PLAYER 1: _____ ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____ PLAYER FEE (CIRCLE ONE): RESIDENT or NON-RESIDENT or Y MEMBER

D.O.B: ____/____/____ EMERGENCY CONTACT NAME: _____ E.C. PHONE: _____

SIGNATURE* _____ DATE: ____/____/____

PLAYER 2: _____ ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____ PLAYER FEE (CIRCLE ONE): RESIDENT or NON-RESIDENT or Y MEMBER

D.O.B: ____/____/____ EMERGENCY CONTACT NAME: _____ E.C. PHONE: _____

SIGNATURE* _____ DATE: ____/____/____

PLAYER 3: _____ ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____ PLAYER FEE (CIRCLE ONE): RESIDENT or NON-RESIDENT or Y MEMBER

D.O.B: ____/____/____ EMERGENCY CONTACT NAME: _____ E.C. PHONE: _____

SIGNATURE* _____ DATE: ____/____/____

PLAYER 4: _____ ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____ PLAYER FEE (CIRCLE ONE): RESIDENT or NON-RESIDENT or Y MEMBER

D.O.B: ____/____/____ EMERGENCY CONTACT NAME: _____ E.C. PHONE: _____

SIGNATURE* _____ DATE: ____/____/____

PLAYER 5: _____ ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ EMAIL: _____ PLAYER FEE (CIRCLE ONE): RESIDENT or NON-RESIDENT or Y MEMBER
D.O.B: ____/____/____ EMERGENCY CONTACT NAME: _____ E.C. PHONE: _____
SIGNATURE* _____ DATE: ____/____/____

PLAYER 6: _____ ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ EMAIL: _____ PLAYER FEE (CIRCLE ONE): RESIDENT or NON-RESIDENT or Y MEMBER
D.O.B: ____/____/____ EMERGENCY CONTACT NAME: _____ E.C. PHONE: _____
SIGNATURE* _____ DATE: ____/____/____

PLAYER 7: _____ ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ EMAIL: _____ PLAYER FEE (CIRCLE ONE): RESIDENT or NON-RESIDENT or Y MEMBER
D.O.B: ____/____/____ EMERGENCY CONTACT NAME: _____ E.C. PHONE: _____
SIGNATURE* _____ DATE: ____/____/____

PLAYER 8: _____ ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ EMAIL: _____ PLAYER FEE (CIRCLE ONE): RESIDENT or NON-RESIDENT or Y MEMBER
D.O.B: ____/____/____ EMERGENCY CONTACT NAME: _____ E.C. PHONE: _____
SIGNATURE* _____ DATE: ____/____/____

PLAYER 9: _____ ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ EMAIL: _____ PLAYER FEE (CIRCLE ONE): RESIDENT or NON-RESIDENT or Y MEMBER
D.O.B: ____/____/____ EMERGENCY CONTACT NAME: _____ E.C. PHONE: _____
SIGNATURE* _____ DATE: ____/____/____