



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Adult Co-Ed Volleyball League Winter 2021

Join the YMCA Adult Volleyball League! This league will be a 6 v 6 Co-ed Adult volleyball league. Participants must be 18 years and older to participate. You will be responsible for creating your own team with a "team name". This team name will only be used for registration purposes.

This league will be self officiated. Games will be held on Sunday afternoons and the YMCA Program Director will create the schedule. There will be one night per week for open gym Volleyball. At the end of the season there will be a tournament. This tournament will take place on Sunday February 28. Game times will be determined based on the number of teams registered for the league. Referees will be provided for the tournament games. The winning team will win YMCA Guest Passes!

Program Dates:

January 3—February 21

Registration Deadline

December 27

Program Fees:

Members: \$20.00

Program Participants: \$35.00

Name: _____

Team Name: _____

Address: _____

Phone #: _____

In consideration of gaining entrance to the YMCA for myself and my family, or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from our participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I understand I need to check with my doctor if I or my family members have any health conditions that might cause concern when involved in any activities at the YMCA. I agree to adhere to all policies set by the Hardin County Family YMCA.

I give my permission to the Hardin County Family YMCA to use photographs, film footage, or tape recordings, which may include mine or my family's image or voice for purposes of promoting or interpreting YMCA programs or activities.

Please sign here to indicate that you have read and agree to the above:

Name: _____
Please Print)

Signature: _____ Date: _____