

DuBois Area YMCA

TEAM SPORTS

TEAM REGISTRATION & ROSTER / WAIVER FORM

Circle the appropriate categories

Boys	5-6 Basketball	7-8 Basketball	HS Basketball	MS Futsal	HS Futsal
Girls	5-6 Basketball	7-8 Basketball	HS Basketball	MS Futsal	HS Futsal
Mens	College Break B-Ball	Summer Outdoor Basketball			
Co-Ed/Womens	Volleyball	Summer Basketball			

TEAM NAME _____

CAPTAIN or COACH _____

Phone # _____ Text OK if cell phone? Yes No

Email _____ Emails go to cell phone? Yes No

Street Address _____ Town _____ Zip _____

Complete bottom portion with signatures

Turn in by your first game played to program coordinator

Add additional names/signatures as needed

Participant Name	Grade/Age	Participant Signature (if under 18, parent signature)	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

I/we, the above signed, (with parents' permission, if necessary), do release all claims of damage or suit against the DuBois YMCA and all persons involved with the team sports circled above in the event I/my child should incur an injury while participating. I/we understand it is my/our responsibility to supply my/our own medical insurance coverage. In the event I/we do not have medical insurance, I/my child play at my/their own risk.