



Name of Team _____

League _____

Sponsor _____

Phone _____

Captain _____

Phone _____

ASST. Captain _____

PLEASE PRINT LEGIBLE

	Name	Address	Member	Non Member	Birth Date	Phone	Pd. Cash	PD Check
1								
2								
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**Team Fee: \$ 150.00 Winter Women's Volleyball by January 8th, 2019
\$25.00 Late Fee January 9th – 11th –**

NO registrations will be taken after 9 pm January 11th. – NO EXCEPTIONS

***Make sure your team fee is paid in full and roster completely filled out on or before January 11th, 2019**

For office use only: Team fee paid \$ _____ Date paid: _____

Scottsbluff Family YMCA

Assumption of Risk, Waiver and Indemnification

I know and understand that participating in athletic or recreational activities can result in minor or serious injuries or death and I may break, tear, pull, sprain, strain or otherwise injure bones, muscles, ligaments, joints or other parts of my body, suffer minor or major concussions or other head injuries, or encounter cardiovascular or respiratory complications. I know and understand that when participating in programs operated, organized, or sponsored by, or on the property of, The Young Men's Christian Association of Scottsbluff, Nebraska, a Nebraska Nonprofit Corporation (the "Scottsbluff Family YMCA"), I am voluntarily exposing myself to all of the dangers listed above and all other dangers of participating in athletic and recreational activities. I hereby waive all demands, claims, suits, and causes of action of any kind or nature against the Scottsbluff Family YMCA and its directors, officers, employees, volunteers, agents, affiliates, and their respective successors and assigns (each a, "Released Party") which arise out of or relate in any way to my use of the Scottsbluff Family YMCA's facilities and/or my participation in the Scottsbluff Family YMCA's programs, whether or not held on the Scottsbluff Family YMCA's property. To the fullest extent permitted by law, I agree to defend, indemnify and hold the Released Parties harmless against, and to reimburse the Released Parties on demand for, any payment, loss, cost or expense (including professional fees and reasonable costs of investigation incurred in defending against any such payment, loss, cost, expense or claim therefor) made or incurred by or asserted against a Released Party as a result of or in connection with my use of the Scottsbluff Family YMCA's facilities and/or my participation in the Scottsbluff Family YMCA's programs, whether or not held on the Scottsbluff Family YMCA's property. This Assumption of Risk, Waiver and Indemnification shall remain in full force and effect for as long as I use the Scottsbluff Family YMCA's facilities and/or participate in the Scottsbluff Family YMCA's programs, whether or not held on the Scottsbluff Family YMCA's property, and shall be binding upon and effective against me and my successors and assigns.

Printed Name: _____

Signature: _____ Date: _____

Team Name: _____

Women's Volleyball Winter League 2019
January 18 – April 15, 2018