



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2024 YMCA Winter Women's Volleyball League

Games start Tuesday January 9th
8-week schedule plus tournaments
League and Tournament ends March 12th

Team Fee: \$175

Team fee **MUST** be paid with one check. No partial payments will be excepted.

There will be no refs for this league. Jo, Shelby and/or Megan will be there to monitor games. You will need to keep score for your own games.

Drop off Registrations:

- January 5th or message Jo with team name
- Captains are responsible for collecting and turning in **FULL** team fee by January 5th

Teams can add to their roster up to until tournament time. If a member is added after league that person must pay \$20. This is for non-members and members

Shirts will be awarded to tournament champions.

Game Schedule:

- ❖ Tuesdays 6:30, 7:30, 8:30
- ❖ There will be 1 rescheduled game during league play. Must contact Jo.

IMPORTANT REMINDERS:

- Please remember Sponsors and team shirts cannot be associated with or display alcohol, drugs, tobacco or foul language in any way.
- The team captain will be responsible for controlling her teammate's actions during the season.



Name of Team _____

League _____

Sponsor _____

Phone _____

Captain _____

Phone _____

*** PLEASE PRINT LEGIBLE ***

	Name	Address	Member	Non Member	Birth Date	Phone	Pd. Cash	Pd. Check
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Team fee MUST be paid with one check. No partial payments will be accepted.

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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:
