



# SCOTTSBLUFF FAMILY YMCA ADULT VOLLEYBALL CO-ED LEAGUE FALL LEAGUE 2024 (Adults 18+ ONLY)

### Session Dates

Mondays: September 9 - November 18  
8 Weeks Regular Play, Plus Tournament

### Registration Deadline

Tuesday, September 3  
(Completed Registration AND Paid)

### Cost

\$175/Team (One Single Payment)

### Questions

Call (308) 635-2318

<b>TEAM NAME:</b>		<input type="radio"/> A1 <input type="radio"/> A2
<b>Team Captain's Name:</b>		
Date of Birth:	<input type="radio"/> Male <input type="radio"/> Female	
Address:		
Phone Number:	Email:	
<b>Emergency Contact:</b>		Emergency #:

I understand and am aware that I will be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the YMCA's program, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Scottsbluff Family YMCA and its staff conducting this YMCA program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accidental or otherwise) during, or arising in any way from the program. I also understand that the Scottsbluff Family YMCA may use, for publicity and/or promotional purposes, my name or pictures participating in this program, without obligation or liability to me or my family.

### **ROSTER:** (Please list Captain as well for signature)

**Captain must list all names to complete registration. All players must sign on first night of play.**

Name	Date of Birth	Signature
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		



# SCOTTSBLUFF FAMILY YMCA ADULT VOLLEYBALL WOMEN'S LEAGUE FALL LEAGUE 2024 (Adults 18+ ONLY)

### Session Dates

Tuesdays: September 10 - November 19  
8 Weeks Regular Play, Plus Tournament

### Registration Deadline

Tuesday, September 3  
(Completed Registration AND Paid)

### Cost

\$175/Team (One Single Payment)

### Questions

Call (308) 635-2318

<b>TEAM NAME:</b>		<input type="radio"/> A1 <input type="radio"/> A2
<b>Team Captain's Name:</b>		
Date of Birth:	<input type="radio"/> Male <input type="radio"/> Female	
Address:		
Phone Number:	Email:	
<b>Emergency Contact:</b>		Emergency #:

I understand and am aware that I will be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the YMCAs program, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Scottsbluff Family YMCA and its staff conducting this YMCA program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accidental or otherwise) during, or arising in any way from the program. I also understand that the Scottsbluff Family YMCA may use, for publicity and/or promotional purposes, my name or pictures participating in this program, without obligation or liability to me or my family.

### **ROSTER:** (Please list Captain as well for signature)

**Captain must list all names to complete registration. All players must sign on first night of play.**

Name	Date of Birth	Signature
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		