

Pike County YMCA Adult Basketball League

TEAM NAME: _____				
UNIFORM COLOR: _____				<i><Teams must provided their own NUMBERED jerseys</i>
<i>*Please list team contact/captain as Player 1</i>		<i>**Most League Correspondence will be done by e-mail</i>		
Player Name	D.O.B.	Phone	^^^ **E-Mail ^^^	Player (or Parent) Signature
*1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

Roster size may not exceed 10 players

By signing above, I verify that the information given is correct and do hereby release and discharge the Pike County YMCA, it's staff, coaches, officials & volunteers from any and all claims of damages in any manner arising from my (or my child's) participation in this YMCA Program.

Furthermore, I authorize the use of photos taken during said program to be used for official Pike County YMCA publications