

Pike County YMCA DODGEBALL League

TEAM NAME: _____				UNIFORM COLOR: _____
DIVISION: HIGH SCHOOL _____ ADULT _____				
TEAM CONTACT: _____		PHONE: _____	E-MAIL: _____	
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