

# Pike County YMCA Adult Basketball League

**TEAM NAME:** \_\_\_\_\_

**UNIFORM COLOR:** \_\_\_\_\_

**\*Please list team contact/captain as Player 1**

	Player Name	D.O.B.	Phone	^^^ **E-Mail	^^^	Player (or Parent) Signature
*1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						

<Teams must provide their own NUMBERED jerseys

\*\*Most League Correspondence will be done by e-mail

**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