Pike County YMCA
740-947-8862
740-947-5616 (fax)
www.pikecountyymca.org

HIGH SCHOOL SUMMER LEAGUE VOLLEYBALL

Age Division	**9th/10th Grade** ☐	**11th/12th Grade** ☐	***(Check One)***
Team Name			
Head Coach			
Address			
City		**State**	**Zip**
Phone		**Other Phone**	
Email Address			

Team Roster ***(Must have parent consent signed in order to participate)***

Last Name	First Name	Uniform #	Age	D.O.B.	Grade	Parent's Signature**

**I, the parent/guardian of the child named above, verify that the information given is correct and do hereby release and discharge the Pike County YMCA, its staff, coaches, officials and volunteers from any and all claims of damages in any manner arising from his participation in the 2008 H.S. Summer League Volleyball Program. Furthermore, I authorize the use of photos taken during said program to be used for official Pike County YMCA publications.

Coaches Waiver

I the above named coach of this team wish to register my team in the YMCA League.
I hereby state that all of the above information is true and that all my players meet the grade requirements for the division in which we will be competing.

Coach's Signature _____ Date _____

Please make payments to: Pike County YMCA, 400 Pride Dr., Waverly, Ohio 45690