



# Adult Softball: Spring '17

Pike County YMCA (740) 947-8862

www.pikecountyyymca.org



*Registration Deadline:*

Saturday, April 15th

Please Complete Both Sides

## Team Roster

*The following information must be collected and complete, prior to participation.*

Last Name	First Name	Home Address (please include city and zip)	Emergency Contact	Emergency Contact Phone #

## Coaches Waiver

I, the above named coach of this team, wish to register my team in the YMCA Volleyball League. I hereby state that all the above information is true and that all my players meet the age requirements for the division in which we will be competing. Furthermore, I agree to conduct myself with sportsmanship and instruct my team to do the same.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

