FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cedar Rapids Metro YMCA Adult Sports Registration Form

( ) Adult Basketball	Sunday League 35 and Over @ Stoney Point YMCA			
( ) Adult Basketball	Tuesday League @ HGN YMCA		( ) A	( ) B
( ) Adult Basketball	Wednesday League @ Marion YMCA			
( ) Adult Basketball	Wednesday League 35 and Over @ Stoney Point YMCA			
( ) Adult Volleyball	Sunday League		( ) A	( ) B
( ) Adult Volleyball	Monday League	( ) AA	( ) A	( ) B
( ) Adult Volleyball	Wednesday League	( ) AA	( ) A	( ) B
( ) Adult Volleyball	Thursday 4x4		( ) A	( ) B

Team Contact Name: _____ Address: _____

City: _____ Zip Code: _____ Phone: _____

Birth Date: _____ Email: _____

Team Name: _____

Team Members	Phone	Email	DOB
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

***Payment is required at the time of registration.**
All team participants must sign team waivers.*

The YMCA of the Cedar Rapids Metropolitan Area has permission to use any photos and/or videos of me or my team during this program in its promotional materials. I agree to release the YMCA of the Cedar Rapids Metropolitan Area, its staff, and its volunteers from any responsibility in case of injury.

_____

Signature Date

Office Use Only: Receipt # _____ Date _____ Amount _____ Staff Initials _____