

Adult Co-Ed Kickball

SUMMERVILLE FAMILY YMCA

2008 Adult Co-Ed

140 South

Cedar St, Summerville, SC 29483

Kickball

Telephone Sports Office: (843) 821-1028 Fax: (843) 821-0748

REGISTRATION FORM

TYPE OF REGISTRATION: INDIVIDUAL or TEAM

TEAM NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

FAX: _____ EMAIL: _____

Shirt Size _____ (Individual Only)

DEADLINE FOR REGISTRATION IS March 24, 2008

FEE: \$375.00 per team. \$35/ Member or \$50/ Non-Member per individual to be placed on the YMCA team. Each team is responsible for supplying its own uniforms. As individuals register, each is placed on the YMCA teams as long as space is available.

REFUNDS: Ten days prior to season start a \$10 administration fee and 50% of fee is deducted from individual and \$10 administration fee for team refunds. **No Refunds** are given after the season has begun. Allow 4 weeks to process refund.

PLAYERS: Minimum of 10/ Maximum of 20 players on each roster. Final rosters must be turned in before the first game is played.

GAMES: Games will be scheduled on weeknight evenings **Monday, Tuesday, and Thursday @ 6:30 & 7:30 pm.** Game will be played on field beside pool.

TOURNAMENT: There will be an end of the season tournament. The format will determined at a later date.

SPONSORS: We encourage each team to find a sponsor to help offset league fees.

Coaches Meeting: March 25th @ 7:30pm in the child care building.

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AUTHORIZATION

I assume all risks and hazards incidental to participation in the above mentioned sport. I hereby waive, release, absolve, indemnify and hold harmless the YMCA, its organizers and/or supervisors for any claim arising out of an injury to me to the extent and in the amount covered by accidental or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should I become ill or injured while participating in league activities.

Signature _____

Date _____

\$375 Team

\$50 Individual

Amount Paid: _____

Date Paid: _____

Receipt #: _____