



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

DODGEBALL TOURNAMENT

Saturday & Sunday, March 13 & 14

Register before March 10

Minimum of 6 players on a team, up to 10 may be on a roster

Must be age 18 or over

\$70 per team Limit of 8 teams

Complete the roster on the back, and have each player sign the waiver. No registrations taken unless the roster information is complete and team fee is paid.

Team Name _____

Team Captain: _____ Male Female YMCA Member Yes / No

Address: _____ Birthdate: _____ Age _____

City: _____ State: _____ Zip: _____

Phone / Cell: _____ Email: _____

I, the undersigned, as participant in the above Grand Island YMCA Program, acknowledge the existence of and assume full responsibility for certain risks associated with this program which may cause damage to property or personal bodily injury or death to the participant. My signature on this waiver verifies that I will not hold the Grand Island YMCA liable or accountable for any injury to my self or my legal dependents while participating in this YMCA Program. PHOTO PERMISSION: I do hereby grant permission for pictures to be used in publicity or brochures related to the Grand Island YMCA.

Signature

Date

Complete the roster on the back.



Team Name _____

Player Name: _____ Male Female YMCA Member Yes / No

Address: _____ Birthdate: _____ Age _____

City: _____ State: _____ Zip: _____

Phone / Cell: _____ Email: _____

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Signature Date

Team Name _____

Player Name: _____ Male Female YMCA Member Yes / No

Address: _____ Birthdate: _____ Age _____

City: _____ State: _____ Zip: _____

Phone / Cell: _____ Email: _____

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Signature Date

Team Name _____

Player Name: _____ Male Female YMCA Member Yes / No

Address: _____ Birthdate: _____ Age _____

City: _____ State: _____ Zip: _____

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Team Name _____

Player Name: _____ Male Female YMCA Member Yes / No

Address: _____ Birthdate: _____ Age _____

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Player Name: _____ Male Female YMCA Member Yes / No

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City: _____ State: _____ Zip: _____

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