Adult Sports League Form

Hamilton YMCA
7430 Shallowford Rd
Chattanooga, TN 37421
423.899.1721
423.899.7132 fax
ndaugherty@ymcachattanooga.org

Team Name:_____ Captain:_____

Contact Ph #:_____ Email:_____

Circle one:	**Men's Basketball**	**Adult Dodgeball**	**Adult Flag Football**	**Coed Volleyball**
DIVISION:	OPEN		OPEN	A
	RECREATIONAL		RECREATIONAL	BB
				B

I agree to abide by the rules and regulations as set forth by the Hamilton Family YMCA. I understand that the YMCA does not provide insurance coverage for the above listed facility members or program participants and that I am responsible for my own personal coverage. I understand that the fee must accompany the registration form. I understand that there is no cash refund unless the program is canceled. I will also conduct myself with a positive Christian attitude toward coaches, opposing team players, officials, and YMCA staff members during the course of the season. I understand that the YMCA does not provide insurance coverage for the above listed program participant and that I am responsible for my own personal coverage. I hereby give permission for the YMCA of Chattanooga to use for promotional purposes any photos or videos taken during my involvement in this program. I agree that the YMCA shall not be responsible for any personal injuries or losses sustained by me or my dependants while on any YMCA premises, or as a result of any YMCA sponsored activities. I further agree to indemnify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses. By signing below I also acknowledge that my physical condition is such that my participation in this program will not put me at an increased health risk.

ROSTER

Player name	Signature	Email

***Checks must be made payable to the Hamilton YMCA must be turned in before the first game**