



DuBois Area YMCA

TEAM SPORTS

TEAM REGISTRATION & ROSTER / WAIVER FORM / MEDIA RELEASE

Circle the appropriate categories

Boys	5-6 Basketball	7-8 Basketball	Girls	5-6 Basketball	7-8 Basketball
Mens/Womens	B-Ball		Adult Co-Ed	Volleyball	

TEAM NAME _____

CAPTAIN or COACH _____

Phone # _____ Text OK if cell phone? Yes No

Email _____ Emails go to cell phone? Yes No

Street Address _____ Town _____ Zip _____

Complete bottom portion with signatures

Turn in by your first game played to program coordinator

Add additional names/signatures as needed on back

Participant Name	Age	Participant Signature (if under 18, parent signature)	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

I/we, the above signed, (with parents' permission, if necessary), do release all claims of damage or suit against the DuBois Area YMCA and all persons involved with the team sports circled above in the event I/my child should incur an injury while participating. I/we understand it is my/our responsibility to supply my/our own medical insurance coverage. In the event I/we do not have medical insurance, I/my child play at my/their own risk.

I grant the DuBois Area YMCA permission to use photographs and/or videos taken of the above participant for promotional purposes, including print and social media. I understand that I will not receive compensation.

(If you do not grant permission for pictures/videos, please check this box)