



Union County Family YMCA Winter Meltdown Team Registration Sheet



		Name	Phone	E-Mail	YMCA Member	
Captain	1				Y	N
	2				Y	N
	3				Y	N
	4				Y	N
	5				Y	N

Team Name: _____

Company (if applicable): _____

Participation Waiver: To be signed by every participant

I do acknowledge the risk of injury that is possible during sports and fitness programs and I assume all risks and hazards to such participation including transportation to and from activities. I waive, release, absolve, indemnify and agree to hold harmless the YMCA, organizers, supervisors, officers, directors, coaches, participants and referees.

		Participant's Signature	Date
Captain	1		
	2		
	3		
	4		
	5		

Paid at Registration: _____

Bill my Company: _____



Union County Family YMCA
1150 Charles Lane, Marysville, Ohio 43040
937-578-4250
www.unioncountymca.org

YMCA. We build strong kids, strong families, strong communities.