Please print out then *completely* fill out this form (for at least 6 teammates) along with all appropriate signatures *along with a check for registration* and mail to: Titusville YMCA, 201 W. Spring St., Titusville PA, 16354

TEAM NAME	
Your signature below indicates you have read and agree to the "Wai	ver and Release of All Claims and Assumption of Risk" on other side.
CAPTAIN	PLAYER 6
Name OM OF	Name OM OF
Age E-mail address:	Age E-mail address:
Address	Address
CityStateZip	City State Zip
Phone Emergency Phone	PhoneEmergency Phone
layer Signature	Player Signature
arent/Guardian Signature (if player is unider 18 yrs)	Parent/Guardian Signature (if ployer is under 18 yrs)
PLAYER 2	PLAYER 7
Name OM OF	Name OM OF
Age E-mail address:	Age E-mail address:
Address	Address
City State Zip	CityStateZip
honeEmergency Phone	Phone Emergency Phone
ayer Signature	Player Signature
arent/Guardian Signature (if player is under 18 yrs)	Parent/Guardian Signature (if ployer is under 18 yrs)
PLAYER 3	PLAYER 8
ame OM OF	Name OM OF
ge E-mail address:	Age E-mail address:
ddress	Address
tyStateZip	CityStateZip
noneEmergency Phone	Phone Emergency Phone
yer Signature	Player Signature
rent/Guardian Signature (if player is under 18 yrs)	Parent/Guardian Signature (if player is under 18 yrs)
LAYER 4	PLAYER 9
ame OM OF	Name OM OF
ge E-mail address:	Age E-mail address:
ddress	Address
ity State Zip	City State Zip
noneEmergency Phone	Phone Emergency Phone
ayer Signature	Player Signature
arent/Guardian Signature (if ployer is under 18 yrs)	Parent/Guardian Signature (if player is under 18 yrs)
PLAYER 5	PLAYER 10
lameOM OF	Name OM OF
ge E-mail address:	Age E-mail address:
ddress	Address
ity State Zip	CityStateZip
hone Emergency Phone	Phone Emergency Phone
ayer Signature	Player Signature
rent/Guardian Signature (if player is under 18 yrs)	Parent/Guardian Signature (if ployer is under 18 yrs)