

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 "Waiver and Release of All Claims and Assumption of Risk" on other side.

<p>CAPTAIN</p> <p>Name _____ <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ E-mail address: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Emergency Phone _____</p> <p>Player Signature _____</p> <p>Parent/Guardian Signature (if player is under 18 yrs) _____</p>	<p>PLAYER 6</p> <p>Name _____ <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ E-mail address: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Emergency Phone _____</p> <p>Player Signature _____</p> <p>Parent/Guardian Signature (if player is under 18 yrs) _____</p>
<p>PLAYER 2</p> <p>Name _____ <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ E-mail address: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Emergency Phone _____</p> <p>Player Signature _____</p> <p>Parent/Guardian Signature (if player is under 18 yrs) _____</p>	<p>PLAYER 7</p> <p>Name _____ <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ E-mail address: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Emergency Phone _____</p> <p>Player Signature _____</p> <p>Parent/Guardian Signature (if player is under 18 yrs) _____</p>
<p>PLAYER 3</p> <p>Name _____ <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ E-mail address: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Emergency Phone _____</p> <p>Player Signature _____</p> <p>Parent/Guardian Signature (if player is under 18 yrs) _____</p>	<p>PLAYER 8</p> <p>Name _____ <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ E-mail address: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Emergency Phone _____</p> <p>Player Signature _____</p> <p>Parent/Guardian Signature (if player is under 18 yrs) _____</p>
<p>PLAYER 4</p> <p>Name _____ <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ E-mail address: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Emergency Phone _____</p> <p>Player Signature _____</p> <p>Parent/Guardian Signature (if player is under 18 yrs) _____</p>	<p>PLAYER 9</p> <p>Name _____ <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ E-mail address: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Emergency Phone _____</p> <p>Player Signature _____</p> <p>Parent/Guardian Signature (if player is under 18 yrs) _____</p>
<p>PLAYER 5</p> <p>Name _____ <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ E-mail address: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Emergency Phone _____</p> <p>Player Signature _____</p> <p>Parent/Guardian Signature (if player is under 18 yrs) _____</p>	<p>PLAYER 10</p> <p>Name _____ <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Age _____ E-mail address: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Emergency Phone _____</p> <p>Player Signature _____</p> <p>Parent/Guardian Signature (if player is under 18 yrs) _____</p>