

Adult Volleyball Registration

SEASON (circle one): SPRING FALL

Name: _____

Age: _____ DOB: _____/_____/_____

Captain's Name: _____

Team Name: _____

Best Contact #: _____

Email: _____

I give permission to the Randolph-Asheboro YMCA to use photo, film footage, and/or tape recording of myself or my family to be used for publicity purposes for the following, but not limited to social media, Promotional Materials, Program Guide, etc. I release the YMCA staff and its agents from any claim of liability related to injuries or damage resulting from participation in any activities or use of YMCA equipment. I waive all claims for myself, my heirs and assigns against the YMCA, staff, and its agents. I understand that exercise is self-guided and that, upon request, the YMCA will provide the services of exercise specialists. I understand the risks associated with exercise and agree to not exceed my limitation or the limitations of the equipment. I agree to adhere to the rules of the YMCA.

Signature: _____