

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Chambersburg YMCA Roster Wallyball League Fall 2022 CO-ED (Thursday)

| Team Name: | | Contact Person: | |
|------------|--------|-----------------|--|
| Address: | | | |
| Phone: | Email: | | |

| Name | Email | Regular or Sub | Waiver & Release |
|------|-------|----------------|------------------|
| 1. | | | Signature: |
| 2. | | | Signature: |
| 3. | | | Signature: |
| 4. | | | Signature: |
| 5. | | | Signature: |
| 6. | | | Signature: |
| 7. | | | Signature: |
| 8. | | | Signature: |
| 9. | | | Signature: |
| 10. | | | Signature: |
| 11. | | | Signature: |
| 12. | | | Signature: |

Waiver and Release: In consideration of the acceptance of this entry to the YMCA Wallyball League, I waive all claims for myself, my heirs and assigns, against the sponsors, cooperating and coordinating groups, and any individuals associated in any way with the event and will hold them harmless for any all injuries that may result from my participation therein. I further state that I am in proper physical condition to participate in this event. I also give my permission to the media and sponsors to use my name and /or pictures in any newspaper, broadcast, telecast or other account of this event without limitation and obligation to anyone to compensate me therefore.

All players must be listed on the roster prior to playing. All players must be 15 years of age or older. Under the age of 18 would need parent/guardian signature release completed.

All Players must sign the roster for waiver and release prior to participating in this league.

ROSTERS AND PAYMENTS are DUE BY: October 4th, 2022

Registration and Payments may be mailed to:

"YMCA Wallyball League, Chambersburg Memorial YMCA, 570 East McKinley Street, Chambersburg, PA 17201
Make checks payable to: Chambersburg Memorial YMCA
Please contact Ben Lehman for more information at 717-263-8508 or at blehman@chbqy.orq.