CHAMBERSBURG YMCA 2023 Fall Volleyball Quad League

- - -	DIVISION: DIVISION: DIVISION:	Mens League - COED A League COED B/Rec League	Monday I Tuesday I Thursday	Nights
Team Name:	Contact Person:			
Phone# (day)		(eve)		(cell)
E-mail				
TEAM ROSTER				* Signatures Required
Name	Email		Phone	*Waiver and Release
1.				Signature:
2.				Signature:
3.				Signature:
4.				Signature:
5.				Signature:
6.				Signature:
7.				Signature:

<u>Waiver and Release:</u> In consideration of the acceptance of this entry to the YMCA Fall Volleyball 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.

8.

All players must be listed on the roster prior to start of the first match of the tournament.

All players must be 18 years of age or older.

All players must sign the roster for waiver and release prior to participating in this event. ROSTERS AND TEAM FEE DUE BY: September 18th, 2023 -_All Divisions

Rosters and Payments may be mailed to:

Fall Volleyball Quad League Chambersburg Memorial YMCA 570 East McKinley Street Chambersburg, PA 17201

Please make checks payable to Chambersburg YMCA

** Below Office Use Only**

- Please make sure only one Division, either A or B is checked above.
- Players can be added to the roster up to 24 hours prior to the tournament.
- Team Roster and Team Entry Fee was collected and paid on __/__/__.

Program Code: 23TMS

Signature: