



Chambersburg YMCA

2026 CORPORATE BASKETBALL LEAGUE ROSTER

Starts January 7th

Team Name: _____ Captain: _____

Division: _____ Address: _____

Phone: _____ Email: _____

Birthdate: _____ Registration Fee per player: \$30/Y Member \$40/Non-Y Member

| Name | Email | 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: |
| 13. | | Signature: |
| 14. | | Signature: |
| 15. | | Signature: |

Waiver and Release: In consideration of the acceptance of this entry to the YMCA Corporate Basketball 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 18 years of age or older. All Players must sign the roster for waiver and release prior to participating in this event and have paid associated fees.

ROSTERS AND PAYMENTS are DUE BY: December 26th, 2025 Registration and Payments may be mailed to:

"Corporate Basketball League , Chambersburg Memorial YMCA, 570 East McKinley Street, Chambersburg, PA 17201

Make checks payable to: Chambersburg Memorial YMCA

Please contact The Chambersburg Y at 717-263-8508 for more information.