



Captain's Name -  
Captain's Phone Number -  
Team Name / Team Color-  
Receipt -

**Waxahachie YMCA**  
**100 YMCA Dr**  
**Waxahachie, TX 75165**  
**972-937-9622 www.waxahachieymca.org**

All team registrations **MUST** be paid in full at the time of registration - no exceptions!

**\$250 / team or \$25 for an individual**

**Registration: 1/18/10-2/22/10 Season: 3/2/10-4/8/10**

Player Name	Player Name	Player Name	Player Name	Player Name
Phone Number	Phone Number	Phone Number	Phone Number	Phone Number
Email Address	Email Address	Email Address	Email Address	Email Address
Age	Age	Age	Age	Age
Signature	Signature	Signature	Signature	Signature
Player Name	Player Name	Player Name	Player Name	Player Name
Phone Number	Phone Number	Phone Number	Phone Number	Phone Number
Email Address	Email Address	Email Address	Email Address	Email Address
Age	Age	Age	Age	Age
Signature	Signature	Signature	Signature	Signature

***Hold Harmless Form***

*The Waxahachie YMCA will not assume responsibility for injuries incurred while participating in any athletic events, parent/child events & outings, special events, sports programs, or any related YMCA sponsored activities. Certain risks or injury are inherent during participation in these programs and events. The YMCA does not provide insurance for these activities. Nor will the YMCA be responsible for any stolen items while members and/or program participants are using the YMCA facilities, on YMCA premises, or on off-site YMCA program location. I, the undersigned for myself, do hereby release the YMCA and its employees and agents from any and all claims for incur or loss of damage I may suffer as a result of my participation, including any injury caused by the negligence, if any, of the YMCA, its officers, employees, agents, volunteers, or the negligence of anyone else. I give my permission to the YMCA to use photographs, film footage, or tape recordings which my image or voice for purposes of promoting or interpreting YMCA programs. In the event I cannot be reached in an emergency, I hereby give my permission to the YMCA to seek proper treatment for above named participant.*