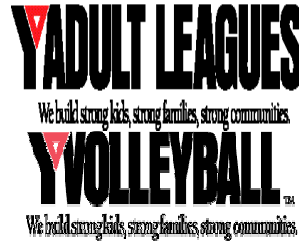


Coach's Name -
Coach's Phone Number -
Team Name -
Receipt -



**Participants must be
16 years of age
\$250.00 per team
Registration: 2/21-3/31
Season: 4/9-5/21**

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.