



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

## Chambersburg YMCA & 11/30 Network Kickball League Thursday Evenings — \$20.00 per player

Team Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Email: \_\_\_\_\_

Name	Email	Phone #	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 Kickball Tournament, 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.**

**ROSTERS AND PAYMENTS are DUE BY: May 15, 2017**

**Registration and Payments may be mailed to:**

"Summer Kickball League , Chambersburg Memorial YMCA, 570 East McKinley Street, Chambersburg, PA 17201

Make checks payable to: Chambersburg Memorial YMCA

Please contact Ellen Poe for more information at 717-263-8508 or at epoe@chbgy.org.

**Program Code: 17TMS**