

# 2024 Adult Volleyball Roster

Team Captain:

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Team Name/ Preferred Color :

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Phone Number:

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Email:

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I hereby certify that I support the YMCA philosophy based on fun, participation, skill development, teamwork, fair play, family involvement, and volunteer leadership, and agree to act in a sportsmanlike manner at all times toward all participants, coaches, and referees. I further understand that any acts of unsportsmanlike behavior on my part may result in dismissal from the league without refund. I certify that I am in normal health and capable of participating in YMCA athletics. I acknowledge the risk of injury is possible. I hereby release any and all rights and claims for injuries and damages I may have against the Champaign Family YMCA, its Board of Directors, employees, officials, volunteers and coaches. If medical attention is required, I give permission for medical care as needed. I understand that the Champaign Family YMCA does not carry accident insurance on league participants. I agree that the Champaign Family YMCA may photo or videotape myself and use it for their promotion.

	Name/ Phone number	Signature	Shirt Size
1. (Team Captain)			
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