

**LEE COUNTY YMCA
2010 FALL COED VOLLEYBALL LEAGUE**



TEAM NAME: _____ SEASON: 2010 Fall League

MANAGER'S NAME: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ Phone: _____ WORK: _____ HOME: _____

I, THE SIGNED, hereby agree to abide by the rules and regulations of the Lee County YMCA & hereby release the Lee County YMCA of any financial responsibilities due to any injury received while playing or practicing with the above team during the current season. I also hereby release my sponsor/backer of any liabilities or injuries received while playing for the said team.

NAME:	SIGNATURE	PHONE & Date of Birth:	ADDRESS:
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