

Adult Volleyball League 2025 Registration Form

Primary Contact/Captain Name: _____ DOB: _____

Ethnicity: _____ Gender: _____

Cell Phone Number: _____ Cell Phone Carrier: _____

Primary Contact Email: _____ Team Name: _____

****Communication done through email to the primary contact, please write legibly.**

Co-Caption Name: _____

Cell Phone Number: _____ Email: _____

Team Experience: **Novice** **Intermediate** **Advanced**
(Circle one)

ROSTER

Player's Name	DOB	Waiver Agreement Signature
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

YMCA MISSION: The mission of the San Angelo YMCA is to serve the people on the community of all faiths and ages, with emphasis on families and youth, to permit them to achieve their God-given potential in mind, body, and spirit, through its programs, staff, facilities and the community.

WAIVER: I hereby, for myself and my agents, waive and release any and all rights and claims which may accrue against the YMCA of San Angelo, and its respective officers, agent, sponsors, or any employees for any injury or any communicable illness such as COVID-19 which may be suffered in connection with my child's participation in the program. I hereby acknowledge that the program provides no insurance coverage, and my own insurance will be used in the case of an accident. By enrolling/registering my child in the program, myself and my agents understand and agree to follow all policies outlined in the Parent & Participant Handbook. (Can be found online at www.ymcasanangelo.org) I understand that I will automatically receive marketing communications from all outlets. If I decide to stop receiving these communications, I can choose to unregister at any time.

PHOTO RELEASE: Additionally, in consideration of being allowed to participate in YMCA membership and programs, I understand that images, video, and film footage are often used by the YMCA of San Angelo for promotional purposes. For myself and my agents, participation in activities to be conducted by the YMCA of San Angelo hereby give myself and my agents, permission and consent, now and for all time, to the YMCA of San Angelo, The National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of San Angelo to make, reproduce, edit, broadcast or rebroadcast any video film, footage, soundtrack recordings and photo reproductions of myself and my agents,/and or myself and my agents, narrative account of my experience at YMCA of San Angelo for publication, display, or exhibition thereof in promotions, advertising, and legitimate business uses without any compensation to, and/or claim, by myself and my agents. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

REFUNDS: Full refunds will be issued only upon cancellation of the program. Should a refund be requested prior to the first meeting. A \$10.00 fee will be assessed.



CO-ED ADULT VOLLEYBALL LEAGUE



Specifics:

- Co-ed league with a minimum roster of 7 with 2 girls on court at all times. Guaranteed 6 games with an end-of-season tournament.
- Uniforms are not provided and are at the discretion of the team.
- Games start at 5:00 pm on Sundays.
- Must submit a roster with names of all players to the Youth Sports Department before week 1 of play.
- Players must be at least 16 years of age.
- If an individual would like to be contacted about being placed on a team. Fill this form out and turn into welcome center.

Register online or in-person at the YMCA
League Starts October 5, 2025

Fees: \$200 per team
Registration dates:
Registration: September 9 – September 30