



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Cedar Rapids Metro YMCA Adult Sports Registration Form

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Basketball | Sunday League 35 and Over @ Stoney Point YMCA  |
| <input type="checkbox"/> Adult Basketball | Tuesday League @ Stoney Point & HGN YMCA <input type="checkbox"/> A <input type="checkbox"/> B     |
| <input type="checkbox"/> Adult Basketball | Wednesday League @ Marion YMCA   |
| <input type="checkbox"/> Adult Volleyball | Sunday League <input type="checkbox"/> A <input type="checkbox"/> B                                |
| <input type="checkbox"/> Adult Volleyball | Monday League <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B    |
| <input type="checkbox"/> Adult Volleyball | Wednesday League <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B |
| <input type="checkbox"/> Adult Volleyball | Thursday 4x4 <input type="checkbox"/> A <input type="checkbox"/> B                                 |

Team Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Members	Phone	Email	DOB
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			

**\*Payment is required at the time of registration.  
All team participants must sign team waivers.\***

\*The YMCA of the Cedar Rapids Metropolitan Area has permission to use any photos and/or videos of me or my team during this program in its promotional materials. I agree to release the YMCA of the Cedar Rapids Metropolitan Area, its staff, and its volunteers from any responsibility in case of injury.\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only: Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Staff Initials \_\_\_\_\_