

**Grand Forks Altru Family YMCA
Adult Coed Kickball Roster**

Team Name: _____

Preferred Night: _____

Other Nights your Team could play: _____

(Please put down all nights that you will be able to have a team. We will only have leagues on nights that we have enough teams registered)

Manager: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____

Please list person as manager who can be reached easily by phone. It is suggested that teams have minimum of 13 names on roster. Team fee (\$200/team). You may register by phone (775-2586) or register at the YMCA (215 N 7th Street).

Roster and Waiver form must be completed and handed in on first league night

Deadline is August 14th at 5:00 pm or until league is filled. Leagues start week of August 19th.

For more information contact Darryl 218-230-4595.

**Grand Forks Altru Family YMCA
Adult Coed Kickball Roster and Waiver**

I hereby assume any and all risk associated with my participation in the YMCA Kickball League of Grand Forks, ND. I fully release and discharge the League and its agents from any and all claims for injuries, damages or losses, including negligence, sustained during any activities associated with the activities of the Kickball League Grand Forks, ND.

NAME (Print)*	E-MAIL ADDRESS	SIGNATURE*

Roster is to be completed and handed in on first league night