



French Creek Family YMCA Fall 2016 ABBL Registration

Registration Deadline: August 1st 2016

League Dates: August 15th – October 13th

Entry Fee: Men's Team- \$275

- Team captain must be a YMCA member, or YMCA Program member.
- ALL teams must wear same color shirt/jersey with a visible number on the back
- League starts April 12th and runs for approximately 10 weeks
- Teams are guaranteed 10 games and we will schedule as many games as possible based on availability.

Official Fees: \$27 per game per team for officials/score keeper **Must be Exact Cash**

Cancellation Policy: Managers must give 48 hours' notice BY EMAIL AND PHONE CALL to League Director.

Forfeit Fees: After 1st Forfeit, \$64 ***MUST*** be paid within 24 hours of next scheduled game to Program Director.

Teams with unpaid forfeit fees will be suspended until paid in full.

Game Times: Tuesday or Thursday between 7:15 - 9:30pm

YMCA Rules: All teams are subject to French Creek YMCA rules and regulations

CONTACT: Griffin Beach 440-934-7806 gbeach@clevelandymca.org

Registration Form.

Team Name: _____ Team Jersey Color: _____

Manager's Name: _____ 1st Contact Number: _____

Address: _____ 2nd Contact Number: _____

City: _____ ZIP: _____

Email: _____

Please give the name of a second contact person.

Name: _____ Phone _____ Email _____

Fill out team roster on the back

Special Requests: Please email DAYS/TIMES or Dates you know your team cannot be present.
We will do our best to honor these requests.

YMCA OF GREATER CLEVELAND LIABILITY RELEASE

I hereby assume all risks and release and hold harmless the YMCA of Greater Cleveland and its members, volunteers and employees from any claims which might arise as a result of my presence, participation and membership in the YMCA of Greater Cleveland. I understand in the event of any accident or other emergency, every effort will be made to reach my emergency contact. However, in the event that they cannot be contacted, I hereby give permission to the physician to give proper treatment, to administer injections, and to perform surgery as needed, if necessary.

ENTIRE ROSTER MUST BE LEGIBLE AND COMPLETE TO REGISTER

Name	Date of Birth	Signature of Release. <small>Please read above statement and confirm with signature.</small>
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