



West Shore Family YMCA Summer 2015 ABBL Registration

**Registration: June 10th- August 3rd
No Teams Permitted after August 3rd**

Registration: \$250

- 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
 - Jerseys Can be purchased from the YMCA for \$8
- League starts **Monday August 10th** and runs for approximately 10 weeks
- Teams are guaranteed 10-12 games and we will schedule as many games as possible based on availability.

Official Fees: \$32 per game for officials **Must be Exact Cash**

Cancellation Policy: Managers must give 72 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 either League Coordinator. **Teams with unpaid forfeit fees will be suspended until paid in full.**

Game Times: Monday-Wednesday 7:00pm-10:00pm (Game Times: 7:00pm, 7:50pm, 8:40pm, and 9:30pm)

Guest Policy: NO GUESTS ARE PERMITTED

YMCA Rules: All teams are subject to West Shore rules and regulations

CONTACT: Melissa Byrdy Program Coordinator mbyrdy@clevelandymca.org 440-871-6885

Registration Form

Team Name: _____

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 _____

Special Requests: We understand there will be days and times that you cannot play. Please list 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	Phone Number	E-mail Address	Signature of Release. Please read above statement and confirm with signature.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

MSR
Use
Only

<p><u>MSR's: Do not take registration form if anything is missing.</u></p>	<p align="center">For Office Use Only</p>	<p align="right">LEAGUE FEE \$ Adjustment _____</p>
<p>MSR: _____</p>	<p>DATE REC: _____</p>	<p align="right">TOTAL DUE _____</p>