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 mbyrby@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**

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**MSR’s:** Do not take registration form if anything is missing.

For Office Use Only

**LEAGUE FEE** $ ________

Adjustment ________

**TOTAL DUE** ________

MSR: ___________________________ DATE REC: ________________