



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Captain's Registration Form Adult Sports Programs

**\*\* Payment is due at time of registration \*\***

Registering For: \_\_\_\_\_  
*Please list the sport you are registering for.*

Team Fee: \$ \_\_\_\_\_

Division: \_\_\_\_\_

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

Captain's Name: \_\_\_\_\_  
*Team will be registered under this name.*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

***Office use only***

Registration Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Paid: \$ \_\_\_\_\_

Entered into Member ST By: \_\_\_\_\_ Date: \_\_\_\_\_ Paid: \$ \_\_\_\_\_

# Waldo County YMCA Adult Sports Roster Form

**\*\* Team fee is due at time of registration. \*\* Rosters are due before 1<sup>st</sup> scheduled game. \*\***

Registering For: \_\_\_\_\_

Captains Name: \_\_\_\_\_

Co-Captain: \_\_\_\_\_

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

Team Color \_\_\_\_\_

In signing this agreement, I specifically assume all risks of injury arising out of my presence on the premises of the Waldo County YMCA, the use of its equipment or facilities, and my participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns to hereby waive, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, volunteers, employees or agents.

I understand the risks and dangers involved in participating in the programs and activities of the YMCA. I certify that I am physically capable of any activity that may injure myself or others.

I hereby authorize the employees of the Waldo County YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment to myself in the event of an accident.

Participants Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WALDO COUNTY YMCA

157 Lincolnville Avenue

Belfast, Maine 04915

207.338.4598 WWW.WALDOCOUNTYYMCA.ORG

The Waldo County YMCA is a 501(c)(3) Charitable Organization

Brandon Hall

sports@waldocountyyymca.org

In signing this agreement, I specifically assume all risks of injury arising out of my presence on the premises of the Waldo County YMCA, the use of its equipment or facilities, and my participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns to hereby waive, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, volunteers, employees or agents.

I understand the risks and dangers involved in participating in the programs and activities of the YMCA. I certify that I am physically capable of any activity that may injure myself or others.

I hereby authorize the employees of the Waldo County YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment to myself in the event of an accident.

**Participants Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participants Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participants Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participants Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participants Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participants Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WALDO COUNTY YMCA**

157 Lincolnville Avenue

Belfast, Maine 04915

207.338.4598 [WWW.WALDOCOUNTYYMCA.ORG](http://WWW.WALDOCOUNTYYMCA.ORG)

The Waldo County YMCA is a 501(c)(3) Charitable Organization

Brandon Hall  
[sports@waldocountyyymca.org](mailto:sports@waldocountyyymca.org)

In signing this agreement, I specifically assume all risks of injury arising out of my presence on the premises of the Waldo County YMCA, the use of its equipment or facilities, and my participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns to hereby waive, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, volunteers, employees or agents.

I understand the risks and dangers involved in participating in the programs and activities of the YMCA. I certify that I am physically capable of any activity that may injure myself or others.

I hereby authorize the employees of the Waldo County YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment to myself in the event of an accident.

**Participants Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participants Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participants Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participants Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participants Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participants Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I have read this agreement and I fully understand its term, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete and conditional release of all liability to the greatest extent allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WALDO COUNTY YMCA**

157 Lincolnville Avenue

Belfast, Maine 04915

207.338.4598 WWW.WALDOCOUNTYYMCA.ORG

The Waldo County YMCA is a 501(c)(3) Charitable Organization

Brandon Hall  
sports@waldocountyyymca.org