



71 SAWYER AVENUE, WEST BABYLON, NY 11704

# 2010 Adult Coed Volleyball Registration

18 and Over Eligible

Thursday evenings - Starts April 8th

**Individual Fee: \$40 per individual (Includes T-shirt)**

**Team requires min. of 6 and max. of 10 players.  
Ratio 3:1 (male to female).**

**Team Fee: \$300 per team (Includes T-shirts)**

**\*MUST COMPLETE A TEAM ROSTER**

Check One:

INDIVIDUAL

TEAM\*

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: M L XL

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

**WBCYC reserves the right to cancel any team without sufficient registration**

I fully understand that I will play according to the rules governed by the League. I hereby certify that I am in good physical condition, to the best of my knowledge. I will not hold the WBCYC liable for any pre-existing conditions. I assume all risks and hazards incidental to such participation including transportation to and from activities. I hereby waive, resolve, absolve, indemnify, and agree to hold harmless the WBCYC, the organizers, sponsors, supervisors, and participants for any claims arising out of injury to myself. Except to the extent, and in the amount covered by accidental or liability insurance, **Additionally, I am aware that I am responsible to report to the WBCYC Program Director, any injury related to League play immediately. Failure to report an incident in a timely manner may result in the claim not being processed.**

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

Official Use Only: Reg. Date: \_\_\_\_\_ Donation: \_\_\_\_\_

Post Date: \_\_\_\_\_ Check: \_\_\_\_\_ Cash: \_\_\_\_\_

A B W N A H O

Initials: \_\_\_\_\_

Web Site WWW.WBCYC.ORG, Phone.: (631) 661-1333, Fax: (631) 661-5268