

**Dover Foundation YMCA
2010 Fall Adult Flag Football League
Waiver Form**

In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators and assigns, release and discharge the Dover Foundation YMCA, and all other sponsors, staff and organizers from injury or loss which might occur during my participation to and from said events, Dover Foundation YMCA Adult Sport Leagues. I specifically release and discharge the said promoters and sponsors from all injuries or damages arising from or contributed to by any physical impairment or defect I may have, whether latent or patent and agree that they are under no obligation to provide a physical examination or other evidence of my fitness to participate in such events, the same being my sole responsibility.

I also understand the rules and guidelines given by the YMCA to my team captain. I understand that if I do not follow the rules and guidelines or if my behavior is against that of which the YMCA desires that I may be kicked out of the league, forfeit my team and given no refund.

_____ Date: ____/____/____
(signature of participant)

Team Name: _____

Name: _____

Home Phone () _____ Work Phone () _____

Address: _____ Zip Code: _____

Emergency Contact: _____ Phone #: _____

Limitations and medications: _____

***THIS FORM MUST BE COMPLETED BY EACH TEAM MEMBER.
PLAYERS ARE NOT ELIGIBLE TO PLAY UNTIL FORM IS COMPLETED AND SIGNED.***



YMCA Mission: Helping all people reach their God given potential in spirit, mind and body.