



Adult Dodgeball League

April 9th, 16th & 30th

May 7th, 14, 21st

PARTICIPANT INFORMATION

If you are not currently a Y member or are participating for the first time, please fill out the section below.

PARTICIPANT NAME		BIRTHDATE	GENDER	
			MALE _____	FEMALE: _____
MAILING ADDRESS			CITY/STATE/ZIP	
PRIMARY PHONE		SECONDARY PHONE		
PRIMARY EMAIL		SECONDARY EMAIL		

PROGRAM LOCATION & INFORMATION

Dodgeball League is held at: The North Central Michigan College SCRC (aka: The gym)

You & your team will face off against one team each week for a "best of 3" match. This league is intended to be a fun and social environment. All skill levels welcomed! When registering, you can request up to two teammates. Teams will be co-ed and participants must be at least 18 years old to participate.

TEAMMATE REQUESTS

Name (first & last): _____

Name (first & last): _____

PAYMENT OPTIONS & INFORMATION

To be officially registered & considered as participating, payment for the program must be submitted. We will not process the submitted registration without payment. Payments can be made via cash, check, EFT or credit/debit card.

Price: \$30.00 per player

If you would like to pay for this class with a card, please include your payment information in the appropriate section below. Once your form is received and processed, we will charge the card or EFT information for the amount due & email you a receipt. If you are paying with a card and would prefer not to include your payment information below, we ask that you bring your registration form and payment method into the office to register. You are also welcome to mail in your registration form and payment.

CREDIT/DEBIT CARD

Name: _____
(as it appears on card)

Visa/MasterCard/Discover Card # _____

EXP: ____/____ CVV _____

I authorize the YMCA of Northern Michigan to access my Visa, MasterCard or Discover card for the program fee. It is understood that sending of a pre-authorized payment to the designated account as said payment becomes due, constitutes valid notice of such payment due on account. When my issuing bank authorizes this transaction by charging the designated account, such an authorization will serve as a receipt for the payment. program payment. I understand that the payment will be electronically transferred monthly from my account to the YMCA of Northern Michigan.

PARTICIPATION WAIVER (Registration is not valid without signature and will be returned to sender.)

I am aware of the program activities (flyer/website) and allow my child to participate fully unless noted. I hereby certify that my child named herein is in normal health and capable of safely participating in the program activities. I indemnify and hold harmless the YMCA, any officer, volunteer, or employee of YMCA and all involved with the YMCA programs from liability for any harm that befalls my child as a result of participation in YMCA programs. I consent that photographs and video taken of him or her are the property of the YMCA of Northern Michigan and may be reproduced and publicized as the YMCA desires, free of claims on my part. In case of illness or emergency, I authorize the Director or trained and certified personnel to provide first aid care or secure the services of a doctor if necessary. By signing below I agree to pay the balance of the program fees in full on or before the payment dates.

Signature of Parent/Guardian _____ Date ____/____/____

WE'RE HAPPY TO HELP!

Our office is open Monday through Friday from 9AM—4PM. If you have any questions, please feel free to get in touch with either of the following folks:

Member Services Coordinator - Kari Manthei: (P) 231-348-8393 (E) kmanthei@ymcanm.org

Youth Development Director - Liz Eddington: (P) 231-348-8393 (E) Leddington@ymcanm.org