



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# PLAY SUMMER SAND VOLLEYBALL



Recreational Co-ed Adult

Play at least three sets per evening on the sand volleyball courts at Superbowl. Bring your team of three males and three females.

Session 1: Thursdays, June 15 - July 6

Session 2: Thursdays, July 13 - August 3

Games begin at 6:30 pm

Sand Volleyball will be held at Superbowl, 1010 E Bismark Road.

\$90 for each team

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

Team Captain: \_\_\_\_\_ Male Female YMCA Member Yes / No

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

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

Phone / Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I, the undersigned, as participant in the above Grand Island YMCA Program, acknowledge the existence of and assume full responsibility for certain risks associated with this program which may cause damage to property or personal bodily injury or death to the participant. My signature on this waiver verifies that I will not hold the Grand Island YMCA liable or accountable for any injury to my self or my legal dependents while participating in this YMCA Program. PHOTO PERMISSION: I do hereby grant permission for pictures to be used in publicity or brochures related to the Grand Island YMCA.

Signature

Date

**GRAND ISLAND YMCA**

Downtown Y - 221 E South Front - 308.395.9622

Northwest Express - 2300 N Webb Rd Suite 109 - 308.384.1299 [www.giymca.org](http://www.giymca.org)

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

Player Name: \_\_\_\_\_ Male Female YMCA Member Yes / No

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

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

Phone / Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Player Name: \_\_\_\_\_ Male Female YMCA Member Yes / No

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

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

Phone / Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Player Name: \_\_\_\_\_ Male Female YMCA Member Yes / No

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

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

Phone / Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Player Name: \_\_\_\_\_ Male Female YMCA Member Yes / No

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

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

Phone / Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Player Name: \_\_\_\_\_ Male Female YMCA Member Yes / No

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

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

Phone / Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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Signature Date