

Coppell Family YMCA

Adult Sports Individual Player Waiver

Name: _____ Birthdate: _____ Gender: M or F

Address: _____ City, State, Zip: _____

Phone #: _____ Email: _____

Please circle the current season you are participating in:

Winter Spring Summer Fall

Please circle the adult sport you are participating in:

Coed Volleyball Men's Basketball

Team Name: _____

Team Captain's Name: _____

YMCA OF METROPOLITAN DALLAS BEHAVIOR POLICY:

The YMCA reserves the right to warn, suspend, or dismiss any program participant or member from our programs and facilities upon the following conditions:

- If their behavior poses a threat to others.
- If they require an inordinate amount of attention from the staff thereby causing inadequate levels of supervision for the remainder of the participants or members.
- If their behavior is determined to be inappropriate within the scope and spirit of the YMCA values.
- For any reason within the discretion of YMCA management.

PLEASE READ RELEASE AND INDEMNITY CAREFULLY:

I realize that the YMCA of Metropolitan Dallas is a non-profit organization, instituted for the benefit of the people in our community and I, therefore, hereby agree to hold no party connected with the team or the YMCA responsible for injury to myself during any team activities including, but not limited to, practices and games. Furthermore, for and in consideration of the privilege of me being able to participate in the YMCA of Metropolitan Dallas programs, I agree to indemnify and forever hold any party connected with the team or the YMCA harmless for any and all liability of whatever nature and whomever asserted, as a result of any injury to me arising from and growing out of my participation in the YMCA of Metropolitan Dallas program.

Signature of Participant: _____ Date: _____

