



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 4 ON 4 ADULT FULL COURT PRESS



## Adult Basketball BOWLING FAMILY YMCA

The Bowling Family YMCA Adult Basketball League gives adults players an opportunity to continue to improve their basketball skills in a fun and competitive environment. The league is open to all adults over the age of 18, no professional players. The games will be played on Mondays or Tuesdays. Space is limited. Register today. Teams will be assess a \$25.00 late fee if balance is not paid by **8/28/2017** and dropped if balance is not paid by **9/4/2017**.

- Team Fee: \$350.00 with a \$50.00 deposit required to register the team, by **8/9/2017**
- \$50.00 off if paid in full by 8/9/2017
- 8 games and play offs, NO REFEREE FEES
- Player must play 4 games to play in play offs

**WHEN:** Starting Monday, 8/14/2017

**TIME:** 6:00 pm, 7:00 pm or 8:00 pm

**LOCATION:** BOWLING FAMILY YMCA  
5509 Will Ruth

El Paso, TX 79924

Contact: (915) 755-9622

David Brown - david.brown@elpasoymca.org

[www.elpasoymca.org](http://www.elpasoymca.org)

# FALL



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# Adult Basketball BOWLING FAMILY YMCA

Captain's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Best Phone Number Contact: \_\_\_\_\_

Team Name: \_\_\_\_\_ Shirt Color: \_\_\_\_\_

Players:

Waiver Signed:

- |           |       |
|-----------|-------|
| 1. _____  | _____ |
| 2. _____  | _____ |
| 3. _____  | _____ |
| 4. _____  | _____ |
| 5. _____  | _____ |
| 6. _____  | _____ |
| 7. _____  | _____ |
| 8. _____  | _____ |
| 9. _____  | _____ |
| 10. _____ | _____ |

Release of liability/Assumptions of risk: The undersigned participant or parent/guardian, in consideration of participation in the program activities indicated on this form, agree to indemnify and hold harmless the YMCA of El Paso, it's representatives, it's successors, and assigns all releases the same from any and all liability for any injury or illness which may be suffered by the participant, name herein, arising out of, or in any way connected with the program or activity indicated and assumes the risks for such injury or illness. I also authorize the use of any photographic image of the participant, name herein, taken during program or activity, for use in any YMCA of El Paso publication. I further agree to abide by all of the YMCA of El Paso policies and procedures.

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

Office Use only: \_\_\_\_\_ Staff Initials \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_



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# FUN FRIENDLY FELLOWSHIP

## Adult Co-Ed Volleyball BOWLING FAMILY YMCA



The Bowling Family YMCA Adult Co-Ed Volleyball League gives adults players an opportunity to continue to improve their volleyball skills in a fun and competitive environment. The league is open to all adults over the age of 18. The games will be played on Sunday.

- Team fee **\$250 if pay in full by September 6, 2017**, \$300 if paying in payments
- Registration Deadline: \$50 Deposit due by **9/6/2017** and balance due by **9/17/2017**
- 10 games and play offs
- Must play 4 games to play in play offs

**WHEN:** Starting, Sunday, 9/10/2017

**TIME:** (TBA)

**LOCATION:** BOWLING FAMILY YMCA  
5509 Will Ruth  
El Paso, TX 79924  
Contact: (915) 755-9622  
David Brown  
[david.brown@elpasoymca.org](mailto:david.brown@elpasoymca.org)  
[www.elpasoymca.org](http://www.elpasoymca.org)

# FALL



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## Adult Co-Ed Volleyball BOWLING FAMILY YMCA

Captain's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Best Phone Number Contact: \_\_\_\_\_

Team Name: \_\_\_\_\_ Shirt Color: \_\_\_\_\_

Players:

Waiver Signed:

- |           |       |
|-----------|-------|
| 1. _____  | _____ |
| 2. _____  | _____ |
| 3. _____  | _____ |
| 4. _____  | _____ |
| 5. _____  | _____ |
| 6. _____  | _____ |
| 7. _____  | _____ |
| 8. _____  | _____ |
| 9. _____  | _____ |
| 10. _____ | _____ |

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

Office Use only: \_\_\_\_\_ Staff Initials \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_