



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FUN FRIENDS MEMORIES



ALUMNI CO-ED VOLLEYBALL TOURNAMENT Algona Family YMCA

Home for the Holidays? Settle that old rivalry and join us for 7th annual High School Alumni Volleyball Tournament for local schools at the Algona Family YMCA! Games begin at 9:00 a.m. and are 2 out of 3 sets to 21 points (3rd set to 15).

All games will be self-refereed. Each team must have at least 2 former local high school students.

T-shirts to first place team.

When

Saturday, November 30th

9:00 a.m. Games Begin

Cost

\$80.00 per team

Registration Deadline is Friday, November 22nd (Schedules will be emailed by Tuesday, November 26th)

Other Information

- All players must sign roster!
- 10 players maximum per team, all must be graduated, 2 players must be alumni
- Substitutions and Libero on honor system

****Must have 6 teams to hold tournament****





Alumni Volleyball Roster

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Team Name: _____

Manager Name: _____

Phone Number: _____

Email: _____

Print First and Last Name	Birthday	T-Shirt Size	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Waiver of Liability and Promotion

By signing this roster I acknowledge that I release and forever discharge the Algona Family YMCA, and any persons who are or might be liable from any and all claims of any kind or character which I/we have or may have against them due to my participation in a Algona Family YMCA program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant, indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the Algona Family YMCA. As Team Manager, I verify that names, ages, and phone numbers are correct. I understand that we must uphold the rules and regulations of the Algona Family YMCA and will be responsible for any damages and clean up needed. I understand participants play with his/her insurance. I give my consent for the team to be photographed, videotaped and/or filmed while participating in any YMCA activity and for the resulting photos, etc. to be used by the YMCA for educational and promotional purposes. I have read and understand the above. **Legal Authorization of Registration Information and Waiver of Liability and Promotion.**

Staff only:	Amt. Paid: _____	Pymt. Type: _____	Date: _____	Initials: _____
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