

TIME FOR A FALL BALL!

**HIGH SCHOOL STUDENTS & ADULTS – JOIN US FOR A SUNDAY
EVENING DOUBLES LEAGUE.**

Get Out The Racquet and Sign Up Now!

LEAGUE PLAY IN THE YMCA'S CARDER TENNIS CENTER

Sign up for the YMCA's High School & Adult Doubles League. You will be paired with a partner at random and play for 30 minutes. After the first 30 minutes, you will switch partners with your opponent and play another 30 minutes. League play will be indoors in the Carder Tennis Center.

Play will be for 10 Weeks

Starts September 16th and runs through November 18th.

League Time and Place

Play will be from 5:00 - 6:00 p.m. in the YMCA's Carder Tennis Center.

League Fees

- \$10 - Y -members
 - \$20 - Non Y-members
- *Fees include court time cost and tennis balls.

Register

- Online: www.MCYMCA.com/OnlineRegistration
- Or return registration Form on Back to YMCA

REGISTRATION DEADLINE— FRIDAY, SEPTEMBER 14TH





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



Sunday Evening Doubles League

Registration Deadline: Friday, September 14th

NAME: _____ CONTACT #: _____ ALTERNATE #: _____

ADDRESS: _____ CITY, ST., ZIP: _____ BIRTH DATE: __/__/__

EMAIL: _____

Fees: \$10 - Y-Member \$20 - Non-member

THE UNDERSIGNED, _____, with understanding of the potential risks of injury by reason of participation in the following activity: **YMCA Sunday Evening Doubles League** does hereby consent to participate in the activity.

The potential risk of participation includes risk of injury from contact with other participants and contact with or use of equipment used in the activity.

The undersigned affirms that by signing this consent the person understands that participation in the activity is voluntary and that the person is free at any time to stop participation.

By this consent and with participation in the activity, the undersigned voluntarily accepts the risk of injury by reason of participation in the activity.

THE UNDERSIGNED provides the following contact information to obtain consent to treat the undersigned in the event of injury or illness during participation:

Name (Spouse/Guardian) (PLEASE PRINT)	Address	Telephone No.
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If the contact person named above cannot be reached, the undersigned gives consent for supervisory staff to provide necessary and reasonable emergency medical care and treatment and further treatment by a licensed professional caregiver as the case may be.

Participant's Signature	Print Name	Date
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