YMCA ADULTS SPORTS TEAM INFORMATION FORM

MISSION VALLEY/TOBY WELLS YMCA

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TEAM CAPTAIN | | | | | | | |
| First Name |  | Last Name | |  | | Grade | M/F  F |
| Street Address | | | | | | | |
| Apt. Number or PO Box | City | | State | | Zip | | |
| Primary Phone Number | | | Email Address | | | | |

|  |  |  |
| --- | --- | --- |
| EMERGENCY INFORMATION | |  |
| Emergency Contact Name | Relationship | Emergency Phone Number |

|  |  |  |
| --- | --- | --- |
| TEAM INFORMATION | |  |
| League Day  Thursday Night – SWBA 50+ League | Sport  Basketballl | Team Description  Male \_\_\_\_\_\_\_ Female \_X\_\_\_\_\_\_ Coed \_\_\_\_\_\_ |
| Team Name | Jersey Color |  |
| Accommodation Requests | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| TEAM ROSTER (Additions may be made through week 4 of the season. After week 4 rosters are final. Please note new names.) | | | |
|  | **Full Name** | **DOB (Date of Birth)** | **EMAIL ADD/ TEL NUMBER** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |