

# YADULT LEAGUES™

We build strong kids, strong families, strong communities.

## North Orange County Family YMCA Adult Sports Program Registration

Date \_\_\_\_\_

**Team Name:** \_\_\_\_\_ **Manager:** \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone # \_\_\_\_\_

**Circle all that apply:**

I am the manager of the team:    yes            no

**LEAGUE:**            MBB 4 v 4            WBB 4 v 4            MSL 3 v 3            WSL 3 v 3  
                          MVB 2 v 2            WVB 2 v 2            MVB 6 v 6            WVB 6 v 6            COV 6 v 6

**SEASON:**            Winter            Spring            Summer            Fall

**AGE GROUP:** 18+

I hereby give consent to the YMCA of Orange County's use of video or still images of my spouse, family and myself for promotional purposes.  Yes  No

**MANAGERS ONLY**

**Method of Payment**

Paid by:  Cash     Check# \_\_\_\_\_  Visa     Master Card     American Express     Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Authorized Card Signature \_\_\_\_\_

Office Use: Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

2000 Youth Way, Fullerton, CA 92835  
Telephone: (714) 879-9622 Fax: (714) 879-2820  
Website: [www.YMCAOC.org](http://www.YMCAOC.org) or e-mail Michelle Carey at [mcarey@ymcaoc.net](mailto:mcarey@ymcaoc.net)