

# INDOOR HOCKEY



## ADULT IN-LINE HOCKEY TEAM ROSTER FORM

All participants must sign WAIVER OF LIABILITY.

Team Name \_\_\_\_\_

**CONTACT/COACH:** \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

<u>Team Members</u>	<u>AGE</u>
1. Name _____	_____
2. Name _____	_____
3. Name _____	_____
4. Name _____	_____
5. Name _____	_____
6. Name _____	_____
7. Name _____	_____
8. Name _____	_____
9. Name _____	_____
10. Name _____	_____
11. Name _____	_____
12. Name _____	_____

Make checks payable to: Greater Johnstown Community YMCA  
100 Haynes Street  
Johnstown, PA 15901

**ALL PLAYERS MUST READ AND SIGN THE WAIVER OF LIABILITY**  
Participants under 18 must have a parent or guardian signature.