



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



MARCH 24TH - MAY 7TH

TUESDAY LEAGUE: 6:30 PM
THURSDAY LEAGUE: 6:00 PM

TWIN LAKES FAMILY YMCA • 204 E LITTLE ELM TRAIL • CEDAR PARK, TX 78613

LEAGUE FEE

- \$50/TEAM OF 2
- \$75/TEAM OF 3
- \$10 OFF/SIGN UP FOR BOTH LEAGUES

Max 12 teams per time slot

FORMAT

- 1 MATCH PER NIGHT
- OFFICIAL RULES APPLY
- SELF-OFFICIATED
- 5 MATCHES + CONSOLATION
- PRIZES FOR 1ST-3RD PLACE

BENEFITS

- FUN
- FELLOWSHIP
- FITNESS
- FRIENDSHIPS
- FREE CHILDCARE AVAILABLE

**FOR REGISTRATION & INFO CONTACT: MISSY SCHLEICHER
512.615.7407 OR EMAIL MSCHLEICHER@YMCAGWC.ORG**

SPONSORSHIP OPPORTUNITIES - DEADLINE MARCH 9TH, 2020

\$500 COURSE SPONSOR

- 3 person team entry
- Banner or signage at all events (not provided)
- Logo on all printed material
- Logo on T-shirt
- Set of official size boards with logo
- 10 table top cornhole games with company logo
- Placement of items in welcome bags

\$250 GAME BOARD SPONSOR (6 available)

- 3 person team entry
- Logo on T-shirt
- Place items in player welcome bags
- Set of logo'd cornhole boards to take home after league (will be used for league play)

\$150 GIVEAWAY SPONSOR

- 3 person team entry
- Logo on T-shirt
- Logo on game bags
- 3 table top cornhole games with company logo
- Opportunity to place items in player welcome bags

YMCA CORNHOLE LEAGUE

REGISTRATION FORM

TUESDAY LEAGUE

6:30 PM

THURSDAY LEAGUE

6:00 PM

All participants must fill out and sign below.

TEAM NAME _____

CAPTAIN _____ TSHIRT _____ BEST PHONE # _____ EMAIL _____

PLAYER 2 _____ TSHIRT _____ BEST PHONE # _____ EMAIL _____

PLAYER 3 _____ TSHIRT _____ BEST PHONE # _____ EMAIL _____

CAPTAIN ADDRESS _____ CITY _____ STATE _____ ZIP _____

Medical Waiver: In the event that I require emergency medical treatment and my emergency contact cannot be reached, I hereby authorize the YMCA Staff to make arrangements to transport me to the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical treatment, if, in fact I require the attention of a physician.

Waiver: I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not.

Photo Release: I give my consent for pictures taken of myself involved in YMCA programs to be used for future YMCA promotions or display.

Refund/Transfer Policy: I understand that the YMCA has no refund policy. Details of the policy are available at the Member Services Desk.

CAPTAIN SIGNATURE _____ DATE _____

PLAYER 2 SIGNATURE _____ DATE _____

PLAYER 3 SIGNATURE _____ DATE _____

YMCA STAFF ONLY (20MAR)

STAFF NAME	DATE	PAID AMOUNT	PAYMENT VERIFIED BY
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