

Volleyball League Registration

Play Begins March 11, 2010

Name _____

Member? **Yes \$45**

No \$65

Address _____

Phone Number _____

Email _____

Age _____

Height _____

I am registering as part of a team. _____ Captain's Name _____

I am registering as an individual. _____

To ensure the maximum amount of participation, player's contact information may be given to a designated team captain.

I would be willing to be a team captain. _____

Past Experience (please circle highest level):

None

Recreational

High School

College

Emergency Contact Information:

In the event of an emergency, we may need to contact a family member or guardian. Please fill out the following information carefully and in it's entirety.

Emergency Contact Name _____

Emergency Contact Phone Number(s) _____

Physician's Name _____

Any existing medical conditions, injuries or medications? _____

Waiver of Liability

I, the undersigned, agree that I have inspected these premises and am aware of the risks and dangers associated with being on said premises and in engaging in physical exercise. I recognize that unexpected and unanticipated dangers may arise while on these premises and/or while participating in physical exercise, including volleyball, and that my attendance and participation here are entirely at my own risk. As such, I, for myself, heirs, administrators, and assigns, agree to assume the risk of injury/accident and further agree to release, remiss, and discharge the owners, operators and sponsors of the premises and activities of Health Unlimited and their respective agents, servants, officers, employees and officials of and from all claims, demands, actions and causes of action, of any sort, for injuries, due to ordinary negligence or any other fault, sustained to my person or property during my presence on these premises, including while playing volleyball. I further agree to be responsible for any and all damage I, or my child(ren), may cause to the premises or equipment.

All Players Must Check In At The Front Desk Each Time They Enter The Facility!!

Signature (legal guardian, if participant is under age 18)

Date

Office Use Only

Amount Paid _____ **CK** **CA** **CC** **HC** **Date** _____