

NPRSA VOLLEYBALL REGISTRATION



Coed Adult Volleyball League 2010 Monday Nights @ NCRC Season: March 22nd – May 3rd



TEAM NAME _____

NAME OF PLAYER _____

MALE: _____ FEMALE: _____

MAILING ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____ CELL PHONE _____

EMAIL ADDRESS _____

\$35.00/participant

Make Check Payable To: NPRSA

Paid: YES NO Cash _____ Check# _____ Staff Initial _____

Please read this information carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor might sustain as a result of participating in any and all activities connected with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with this program/activity. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participating in this program/activity against the North Peninsula Recreation Service Area, Kenai Peninsula Borough, directors, officers, and employees.

I do hereby release and forever discharge the North Peninsula Recreation service area from any and all claims for injuries, damages or loss that I may have, or which may accrue to me and arising out of, connected with, or in any way associated with this program/activity.

I Have Read And Understand The Conditions

Participant's Printed Name _____

Participant's Signature _____ Date _____