



ADULT INDOOR VOLLEYBALL REGISTRATION FORM

TEAM NAME _____

MANAGER: _____ ADDT'L CONTACT: _____

ADDRESS: _____ ADDRESS: _____

ZIP

ZIP

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ WORK PHONE: _____

E-MAIL: _____ E-MAIL: _____

FAX: _____ FAX: _____

BASE ENTRY FEE: \$ _____

LATE FEE: ** \$ _____

TOTAL AMOUNT DUE \$ _____

LRC USE: Receipt # _____ Paid \$ _____

**(A \$15.00 late fee will be charged if turned in after registration deadline)

LEVEL OF PLAY

Competitive _____

Intermediate _____

Recreational _____

COMMENTS: Please use this space to comment on your teams skill & competitive levels.
Make us aware of any scheduling conflicts.

MANAGER ACKNOWLEDGMENT

As team manager, I hereby acknowledge and understand, the LRC Sports Staff will make every effort to accommodate league competition levels, but the LRC Sports Staff reserves the right to make changes in scheduling to accommodate as many teams as possible equally. Furthermore, I acknowledge and understand that teams withdrawing after league placement are subject to a 20% administration fee, and a pro-rated league charge. Once a team has completed 50% of their league schedule, no refund will be issued. I also acknowledge responsibility for all team entry fees.

Manager Signature: _____



INDOOR VOLLEYBALL PLAYER WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND ROSTER FORM

I. The undersigned being at least eighteen (18) years of age (or being under the age of 18 but with the consent of a parent or guardian as acknowledged below) acknowledge, agree and understand that:

- 1.) Voluntarily and of my own free will, I elect to participate as a member of the Indoor Volleyball team and league indicated below.
- 2.) I understand that there are certain risks and hazards involved in participating in Indoor Volleyball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, court design, court maintenance, court condition, equipment, or other participants.
- 3.) I understand that the very nature of the game of Volleyball is hazardous and risky, including but not limited to, the acts of serving, setting, spiking, bumping, and receiving a Volleyball, falling, tripping, slipping, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the courts arranged for by the team, league, City of Lancaster, or the Department of Parks and Recreation, I agree as follows:

- 1.) I acknowledge that I have a duty to inspect the conditions of the court and areas surrounding prior to each game and throughout the game. If I begin any game or part thereof, I waive any claim for any injury arising from a defective condition of the court or surrounding area.
- 2.) I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing, or playing, as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams, or by other players on my team, (c) while on, or upon the premises of any and all of the courts arranged for by my team or league, the City of Lancaster, or the Department of Parks and Recreation for practice or play, and (d) for all risks of injury associated with any latent or patent defects of the court or the improvements surrounding the court.
- 3.) I release, discharge and agree not to sue the team and league designated below, the City of Lancaster, the Department of Parks and Recreation, the court owner or other entity designated below, or their owners, officers, agents, servants, association, employees, or any person or entity connected with the team, league, court, for any claim, damages, costs, or cause including but not limited to the negligence, omission, breach of contract or wrongful conduct of the City of Lancaster, the Department of Parks and Recreation and these parties are hereby released from liability.

Photo release: I grant to LANCASTER Parks & Recreation, its representatives and employees the right to take photographs of me and to copyright, use and publish the same in print and/or electronically. I agree that LANCASTER Parks & Recreation may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

TEAM NAME: _____

DATE: _____

	PLAYER	PLAYER'S SIGNATURE (Parent or Guardian if under the age of 18)	ADDRESS	CITY, STATE & ZIP	HOME PHONE	COUNTY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

