

LEWISTON PARKS & RECREATION FALL CO-ED VOLLEYBALL 2021

TEAM NAME: _____

League: (circle one)

Monday (6x6 Rec League)

or

Tuesday (4x4 Power League)

PLEASE Type or Print Clearly!

MANAGER'S NAME _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____

ZIP: _____

CELL PHONE: _____

HOME PHONE: _____

WORK PHONE: _____



PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, the undersigned player, acknowledge, agree, and understand that:

- 1) *I voluntarily and of my own free will, elect to participate as a member of the volleyball team and in the league as indicated above.*
- 2) *I understand that there are certain inherent risks and hazards involved in participation that may result in injury or death to me and/or other players.*
- 3) *I release, discharge and agree not to sue the team, sponsors, officials, field/court owners, and/or the City of Lewiston.*

PLEASE TYPE OR PRINT CLEARLY

TEAM FEE RECEIPT #: _____

PLAYER NAME	ADDRESS	CELL PHONE	EMAIL ADDRESS	SIGNATURE	SHIRT SIZE
1.					
2.					
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