

Volleyball Summer Program

Summer 2010 Volleyball Registration Form

Print and Mail to Address Below

Moonbeam Volleyball, 421 Fourth St., Hartford, WI 53027

CONTACT INFORMATION

Name _____ Age: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell/Work Phone _____

E-mail address _____ @ _____

VOLLEYBALL INFORMATION

Volleyball Skill Level (*please circle one*): Beginner Intermediate Advanced

Position: _____ Grade: _____

Club Experience (what club(s)): _____

Tee Shirt Size (*please circle one*): XS S M L XL

Volleyball Experience, please circle all that apply:

Never Played Before Recreational Club High School: Frosh JV Varsity

PAYMENT AND REGISTRATION

Please return this registration form and signed waiver with a check made payable to Moonbeam Volleyball. All registrations are accepted on a space available basis. We reserve the right to cancel any program that does not meet its minimum registration number.

Registration Fees

The Summer Volleyball registration fee is \$25.00.

Mailing Address

Please mail your registration and payment to Moonbeam Volleyball, 421 Fourth St., Hartford, WI 53027. For additional information please send an e-mail to Director@EclipseVolleyball.org or call 262-627-0173.

WAIVER AND RELEASE OF LIABILITY (READ BEFORE SIGNING)

In consideration of being allowed to participate in any way in the Moonbeam Volleyball Program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and

3. I willingly agree to comply with the stated and customary terms and conditions for participation.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Moonbeam Volleyball, and the Eclipse Volleyball Club their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners, and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____
(Participant's Signature)

x _____
(Participant's Guardian)

(Date)