

**ADULT VOLLEYBALL REGISTRATION FORM**

**DEADLINE: SESSION 1:AUGUST 19, 2010 SESSION 2: JANUARY 6, 2011**

**FEE: \$60/TEAM**

TEAM NAME: \_\_\_\_\_.

TEAM CAPTAIN: \_\_\_\_\_.

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ .      SESSION: \_\_\_\_\_.

EMAIL ADDRESS: \_\_\_\_\_.

**ROSTER:** *(please read Release {bottom} and Sign below)*

- |                     |             |
|---------------------|-------------|
| 1. Signature _____  | Date _____. |
| 2. Signature _____  | Date _____. |
| 3. Signature _____  | Date _____. |
| 4. Signature _____  | Date _____. |
| 5. Signature _____  | Date _____. |
| 6. Signature _____  | Date _____. |
| 7. Signature _____  | Date _____. |
| 8. Signature _____  | Date _____. |
| 9. Signature _____  | Date _____. |
| 10. Signature _____ | Date _____. |
| 11. Signature _____ | Date _____. |
| 12. Signature _____ | Date _____. |

**Release:** I acknowledge that by my signature above, the registrant listed above is participating in the Maize Recreation Commission (MRC) programs at his/her own risk. MRC, Maize USD 266, City of Maize, successors and assigns shall not be held liable for any accidents, illness, injury or damage to property. MRC does not provide any medical insurance for participants. Parents/Guardians are responsible for insurance. Parents must sign for children, 18 and under, entering program. Registration not valid without signature.

**Model Release:** The above signed and participant authorize the Maize Recreation Commission to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof.

**Medical Release:** In case of a medical emergency and I cannot be contacted; I give my permission for a MRC representative to act in my place and to make medical decisions concerning emergency treatment for the participant. I understand that the MRC staff is not allowed to administer any medications.

**Conduct:** The above signed and participant agree to abide by all the policies and guidelines set forth by the MRC regarding this program and violations could result in being expelled from the activity with no refund.

I, the above signed, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.