

Volleyball Fanatix Registration Form 2008/2009

Players: Last Name _____ First Name _____

Address _____ City _____ Postal Code _____

Telephone: (____) _____ Other (____) _____

Participants Age _____ Male/Female (Circle One) School Attending _____

Volleyball Experience (please check): () school team, () gym class, () VBF league previously

Medical Conditions – None/Other _____

Parent/Guardian E-Mail: _____ Telephone: (____) _____

Emergency Contact _____ Telephone: (____) _____

How Did You Hear About The League? _____

If a Friend sent you, what is their name? _____ (They will earn volley \$\$\$'s)

Is there anyone you want to be teamed up with as a request? _____

What is your T-shirt size? Adult S / M / L

Fall Session: Sept. 29th – Dec. 1st, Winter Session: Dec. 8th – Feb. 23rd, Spring Session: Mar. 2nd – May 11th

All 3 Sessions Fee: \$278.00 (Pre-register before August 31st Take an extra \$20.00 off pay \$258.00)

Two Sessions Fee: \$188.00 (Pre-register before August 31st Take an extra \$13.00 off pay \$175.00)

Circle the two sessions you will be participating in Fall / Winter / Spring

One Session Fee: \$98.00 Circle the session you'll be participating in: Fall / Winter / Spring

All requests for refunds must be made in writing, allowing 30 days notice so that other players can be given your place. A \$15.00 Administration fee will apply to all refunds or transfer of sessions. No Refunds for Cancellations after each session begins. Sorry, Post Dated Cheques WILL NOT be accepted.

Date of Registration: _____ Cash / Cheque Accepted By: _____

Parents (Guardians) are you interested in helping or coaching? If you are, your child will be given ½ price registration as a thank you for your support with our program. Coaches are selected based on your background with coaching & or past volleyball experience.

Have you attached the signed copy of the Assumption Of Risk and Indemnity Agreement as part of the registration package, so that your child is able to participate in this program?

Mail or Drop off Completed Forms & Payment To:

12 Eton Place
Guelph, ON, N1E 3L5 (North End)

or

1 Terraview Crescent
Guelph, ON, N1G 5B1 (South End)

ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

By signing this document you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY

AWARENESS AND ASSUMPTION OF RISK

I am aware that sports involve risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Volleyball Fanatix, officers, officials, shareholders, employees and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as Volleyball Fanatix and Others.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Volleyball Fanatix accepting my application to participate in this activity, I agree:

1. This is a continuous waiver (current and future years) and I waive any and all claims that I may have in future against Volleyball Fanatix and Others.
2. To release Volleyball Fanatix and Others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify Volleyball Fanatix and Others from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I have read this agreement and understand it. I am aware that by signing this document I am waiving certain rights which I or my next of kin, heirs, executors, administrators and assigns may have against Volleyball Fanatix and others. I warrant that at the time of signing, _____ is physically fit to participate.

(players name)

Signed this _____ day of _____, 200__.

Parent /Guardian Signature

Signature of Applicant

Please Print Name Clearly

Please Print Name Clearly