

Each Member Playing on a team must complete the registration details and the indemnity agreement prior to participation in the league along with your payment.

Last Name _____ First Name _____ Male/Female (Circle)

Address _____ City _____ Postal Code _____

Telephone: (____) _____ Other (____) _____ E-mail: _____

Medical Conditions – None/Other _____

Emergency Contact _____ Telephone: (____) _____

Players Age _____ How Did You Hear About The League? _____

Who are your team mates?

If registering as an individual - Is there anyone you want to be teamed up with as a request?

To Register:

8 players per team, ages 14-19.

Individual
\$45.00

Experienced Players Only!

- | Fall Program (8 weeks): October 4th – November 29th
- | Winter Program (8 weeks): December 6th – February 7th
- | Spring Program (8 weeks): February 14th – April 18th

Program is on Monday at College Heights 8:15 - 9:15 pm.

Mail or Drop off Completed Forms & Payment To:

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

Have you attached the signed copy of the Assumption Of Risk and Indemnity Agreement as part of the registration package

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: _____

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 _____, 201____.

Signature of Applicant

Please Print Name Clearly