



Fayette Recreation Board Summer Sand Volleyball Co-Ed League Registration Form

Please complete form and return to Fayette City Hall, 11 S. Main Street, PO Box 28, Fayette, IA 52142 with \$75 Registration Fee.
Please print and use blue or black ink.

TEAM NAME _____

TEAM POINT PERSON FIRST & LAST NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ EMAIL _____

TEAM ROSTER: Please print Players First & Last Name, City, Phone Number & Email (Maximum of 14 people)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

ROSTER IS DUE WHEN \$75 REGISTRATION FEE IS PAID — NO EXCEPTIONS

- I understand that once I register I cannot receive a refund unless the league is canceled.
- Rosters will be checked and should any team be found falsifying their roster, their team will be suspended from further league play and their entry fee will be forfeited.
- Rosters must be filled out completely with the name, city, phone number, and email of each player.
- Each player must fill out and sign a Waiver & Release of Liability form prior to playing. If they do not, the Team Point Person understands they are responsible and waive any and all specific notice of the existence of the risks and shall pay the medical and emergency expenses in the event of injury, illness, death, or other incapacity regardless of whether they authorize such expenses for team members.

As the representative of my team, I have read and agree to all the rules and regulations of the Fayette Sand Volleyball League and verify to the best of my knowledge all information given on this form to be true and accurate.

TEAM POINT PERSON SIGNATURE _____ DATE _____



Fayette Summer Sand Volleyball League

Registration/Liability Waiver

(Please Print; Each Player Needs To Complete & Return To City of Fayette)

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ State: _____

Phone #: _____ Birth Date: ____/____/____

WAIVER & RELEASE OF LIABILITY

I, the undersigned, know that the before listed event is a potentially hazardous activity and I attend it out of my own free will and choice. In choosing to participate in the Fayette Summer Sand Volleyball League and any related activities, I fully accept and assume all risks whether before, during or after this league and its related events. I waive any and all specific notice of the existence of the risks. I shall assume and pay my own medical and emergency expenses in the event of injury, illness, death, or other incapacity regardless of whether I authorized such expenses.

I realize that sand volleyball requires physical conditioning and I represent that I am in sound medical condition capable of participating in the league without risks to myself or others. I have no medical impediment, which would endanger others or myself.

Knowing these facts and in consideration of my entry acceptance, admission to and/or participation in the Fayette Summer Sand Volleyball League and its related events, I for myself and anyone acting on my behalf, release, waive, discharge, covenant not to sue and agree to hold the City of Fayette, City of Fayette Recreation, participating clubs, communities, organizations, emergency and support personnel, volunteers, and their representatives harmless from any and all claims, demands and actions of any and every kind. I have, may have or may hereafter accrue against the released parties directly or indirectly arising out of or relating in any respect to my attending or participating in the Fayette Summer Sand Volleyball League and its related events.

I HAVE READ THIS AGREEMENT, WAIVER AND RELEASE OF LIABILITY, AND AGREE TO ACCEPT ITS TERMS.

PRINTED NAME

DATE SIGNED

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT (If applicant is under 18)

PRINTED NAME OF PARENT (If applicant is under 18)