ADULT CO-ED VOLLEYBALL
SPRING 2017
REGISTRATION FORM

Captains Name_____

Team Name_____

League (please check league):

__Monday Nights at Lohrey Recreation Center

__Wednesday Nights at Greater Dayton Recreation Center

Address_____ City_____ State_____

Daytime Ph. #_____ Zip Code_____

Cell Phone #_____ ***E-Mail Address_____

*****Please note that e-mail address is MANDATORY. During our 2017 season we will only use e-mail to send out information to Captains. If the Captain does not have access to e-mail it is advised to choose someone from team who has access to e-mail. This person will then be responsible for communicating the information we send out to the Captain of his/her team.**

Spring 2017 Volleyball Roster

Team Name: _____ Team Captain: _____

Address: _____City: _____Zip: _____

Phone # :(work/home) _____ Cell: _____

Name	Address	Phone	T-SHIRT Size
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

***Team requirement:** *A team consists of 6 players, but may start with a minimum 4 players. A team must have at least two women on the court at all times. Teams may play with 1 female, but can then only play with 5 total players. A team cannot play without any females. There is no maximum number of females that can be on the court.*

PLAYER WAIVER & RELEASE FORM

Every player must complete the Waiver & Release of Liability Form and give it to a Recreation and Youth Services Recreation Adult Co-ed Volleyball official before he or she can play. If a player fails to submit their player waiver & release form, the player may not participate.

ACTIVITY WAIVER & RELEASE OF LIABILITY

READ CAREFULLY THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of the Adult Recreation Co-ed Volleyball League organized by the City of Dayton Department of Recreation and Youth Services (RYS) and/or the use of the property, facilities and services of RYS, I agree for myself and (if applicable) for the members of my family, heirs, assigns, executors and administrators, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by RYS Recreation Volleyball, or the volunteers, representatives, or agents of RYS Recreation Volleyball.
2. I agree that I have read and agree to abide by the rules and policies set forth for the use of City of Dayton Recreation Centers (See enclosed).
3. I recognize that there are certain and inherent risks associated with the above described activity, and I assume full risk of personal injury, or loss of property, on behalf of myself and (if applicable) my family members, heirs, assigns, executors, and administrators. I further release and discharge the City of Dayton for injury, loss or damage arising out of my or my family's use or presence upon the facilities of RYS Recreation Volleyball whether caused by the acts or omissions of myself, my family, RYS Recreation Volleyball or other third parties.
4. I hereby waive the right to any claims of personal injury or property loss or damage, and I release, save, hold harmless, and indemnify the City of Dayton and its elected officials, officers, employees and volunteers against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may arise from my or my family's use or presence upon the facilities of RYS Recreation Volleyball.
5. I agree to pay for all damages to the facilities of RYS Recreation Volleyball caused by my or my family's negligent, reckless, or willful actions.
6. Any legal or equitable claim that may arise from participation in the above shall be resolved under Ohio Law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Participant Name:_____

Signature: _____ Dated: _____