

Woodland Community Services Department

Adult Basketball/Volleyball

2001 East Street • Woodland, CA, 95776 • Phone (530) 661-2000

www.cityofwoodland.org/communityservices

ADULT BASKETBALL/VOLLEYBALL ROSTER Fall 2015

Registration must be received by 3 p.m., Thursday, August 6, 2015.

Team Information

Home

Cell

Team Name

Manager's Name

Manager's Phone

We reserve the right to deny inappropriate team names

League & Night Information		
<i>Registration is limited and taken with payment on a first come, first served basis</i>		
<input type="checkbox"/> MONDAY Women's Volleyball	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> THURSDAY Men's Basketball	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower

Has this team participated in this league before? Yes No Most recent season played _____

Team Name during this season _____ Division _____ Manager's name _____

Manager Information

Street Address

City

Zip Code

Home

Cell ()

@

Phone 2

Email Address

Registration Fees

1.	League Entry Fee	Women's Volleyball <input type="checkbox"/> General \$245.00	Totals
2.	League Entry Fee	Men's Basketball <input type="checkbox"/> General \$290.00	\$
TOTAL FEES DUE			\$

Volleyball

- Registration due August 6, 2015 by 3:00 pm.
- Managers Meeting August 18, 2015 at 6:00 pm.
- Season Starts Monday, August 24, 2015.
- Early bird discount: \$20 off if registered before July 9, 2015

Basketball

- Registration due August 6, 2015 by 3:00 pm.
- Managers Meeting August 18, 2015 at 6:30 pm.
- Season Starts Thursday, August 27, 2015.
- Early bird discount: \$20 off if registered before July 9, 2015

Woodland Community Services Department ADULT BASKETBALL/VOLLEYBALL TEAM ROSTER (**Limit 12 per team****)**

Team Name

Manager's Name

Manager's Phone

ALL PLAYERS MUST REGISTER FOR ABOVE TEAM IN THE AREA PROVIDED BELOW. ONLY COMPLETE ROSTERS WILL BE ACCEPTED. THIS ROSTER IS GOOD ONLY FOR ABOVE SEASON. All players must be prepared to show identification at any time by a City of Woodland Staff member.

ADULT SPORTS: Participants will be running, jumping, throwing, batting, catching and bending at the waist. Possible injuries include, but are not limited to, sprained ankles, knee injuries, back strain, bruises, abrasions and broken bones.

AGREEMENT, WAIVER AND GENERAL RELEASE

In consideration for being permitted by the above department to participate in the above activity, I hereby waive, release and discharge any and all claims for damages which I may have or which may hereafter accrue as a result of participation in said activity. This release is intended to discharge in advance the above department (its officers, employees or agents) from and against any and all liability arising out of negligence or carelessness on the part of said department (or its officers, employees or agents). I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above department (its officers, employees and agents) who through negligence, carelessness or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns. I further agree to indemnify and to hold the above department (its officers, employees and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DEPARTMENT, AND I SIGN IT OF MY OWN FREE WILL.

Player's Name (LEGIBLY PRINT)	Age	Physical Address	Zip Code	Phone	Signature	Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						

EACH PARTICIPANT MUST PERSONALLY SIGN THE ROSTER – ALL ADDS WILL BE ATTACHED TO THIS FORM