

DECATUR PARK DISTRICT

SAND 2024 FALL VOLLEYBALL LEAGUE APPLICATION

COED: WEDNESDAYS AUGUST 27TH - OCTOBER 22<sup>ND</sup> (\$175/team) 6-on-6

1. NAME OF TEAM \_\_\_\_\_

2. MANAGER OR TEAM REPRESENTATIVE:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

Email \_\_\_\_\_

3. SECOND CONTACT PERSON:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

Email \_\_\_\_\_

4. CHECK LEAGUE PREFERENCE:

COED 6 v 6 (WED) \_\_\_\_\_

5. ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

Office use only

League Fee	_____
Non-Residents	_____
Total Due	_____
Amount Paid	_____

## DECATUR PARK DISTRICT - FALL 2024 SAND VOLLEYBALL LEAGUE

TEAM NAME \_\_\_\_\_ COACH/REP NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Would you like the schedule emailed to you? Yes \_\_\_\_\_ No \_\_\_\_\_

LEAGUE CHOICE: COED (Wed.) 6 v 6 \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

**VOLLEYBALL PROGRAM WAIVER & RELEASE** – For January 1, 2024 – Dec. 31, 2024



There is a 10-player limit to roster. Each individual player's signature or parent's signature if player is a minor MUST be on roster.

PRINT OR TYPE PLAYERS NAME	PLAYER'S SIGNATURE	DATE	BIRTH DATE	RESIDENCE (STREET, CITY, STATE, ZIP)	PARENT/GUARDIAN SIGNATURE IF PLAYER IS UNDER 18 YEARS OF AGE	DAY PHONE #	EMAIL
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

The Decatur Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Decatur Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

As a participant in the above-mentioned program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages or loss which I or my minor child may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my minor child may have as a result of participating in the above mentioned program against the Decatur Park District and its officers, agents, servants, volunteers and employees. I understand that me or my child may be photographed or videotaped while participating in a Decatur Park District program. I give permission for photos and videotapes of me or my child to be used to promote the Park District. Such photos and videotapes will remain the property of the Decatur Park District.

I further agree to indemnify and hold harmless and defend the Decatur Park district and its officers, agents, servants, volunteers and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child that arise out of, in connection with or in any way associated with the activities of this program.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

OFFICE USE ONLY	
LEAGUE FEE _____	NON-RESIDENTS _____
TOTAL DUE _____	AMOUNT PAID _____