



2016 Mini Volleyball - PLAYER REGISTRATION FORM

When: February 5th - May 27th, 2016 (Friday's 6:30 - 7:30 PM)

Ages: Boys & Girls ages 5 - 10 (Cost \$50 per month per person)

To Register: Email form to capecoast1@gmail.com OR Send to Cape Coast, P.O. Box 541472, Merritt Is., FL 32954

For More Info: Contact us at 480-9473 OR send email to capecoast1@gmail.com

Cape Coast website: www.capecoastvolleyball.com

Last Name: _____ First: _____

Current Age: _____ DOB: _____ Experience: _____

Address: _____

City: _____ State: FL Zip: _____

Email 1: _____ Cell 1: _____ (name: _____)

Email 2: _____ Cell 2: _____ (name: _____)

Email 3: _____ Cell 3: _____ (name: _____)

Parents' Names: _____

\$ 50 Fee: PAID: Cash ___ OR Check # _____ OR Pay online via paypal at www.capecoastvolleyball.com

Waiver / Release of Liability

(Adult and Minor Participant Waiver/Release/Assumption of Risk/Agreement)

In consideration of participating in any way in the athletic/sports programs, and/or participating in or attended related events or activities with Cape Coast Volleyball Club during the period between **January 1, 2016–December 31, 2020** the undersigned:

1. Agrees that he or she, or the parent(s) or legal guardian(s) of the minor participant understand and/or will instruct the minor participant, that prior to participating he or she shall inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she shall immediately inform his or her coach or supervisor of such condition(s) and refuse to participate unless and until such condition(s) is cured or removed.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and that severe social and economic loss may result not only from negligence of others, as well as the rules of play, the condition of the premises or from any equipment used. Further there may be other risks not known to the adult and/or minor participant including risks that may not be reasonably foreseeable.
3. Assumes all of the foregoing risks and accepts personal responsibility for any injury, disability or death, and any damages, whether social or economic.
4. Represents that I, or my child, am qualified, in good health and in proper physical condition to participate in activity (is) at Cape Coast facilities and hereby authorize any representative of The Cape Coast or medical provider, to seek medical attention on my behalf, or on behalf of my child, to ensure my well being, or the well being of my child, without any legal liability whatsoever, inclusive of any responsibility for any negligent rescue or delayed operations.
5. Releases, waives, and discharges covenants not to sue Cape Coast or their facilities, it's affiliated clubs, administrators, members, directors, agents, coaches, and other employees of Cape Coast, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors/lessees of the premises used to conduct the event or activity in which I, or the minor participant for whom I am responsible, participate (all of which are hereinafter are referred to as "releases"), from any and all liability to each of the undersigned, his or her heirs and the next of kin, for any and all claims, demands, losses or damages on account of any injury, including death or damage to property, caused or alleged to have been caused, in whole or in part, by the releases or otherwise.
6. I hereby authorize Cape Coast to utilize in any promotional materials any photograph taken of me, or my child, while participating in any activity at Cape Coast and allow my child's full name to be placed on the Cape Coast Website.

I/WE HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THAT I/WE GIVE UP CERTAIN RIGHTS BY VOUNTARILY SIGING IN AND I/WE NEVERTHELESS DO SO.

Participant Name

Parent / Guardian Signature