

COED

VOLLEYBALL LEAGUE

January 8 - February 12 ^{Ages 16 & Up}



\$15.00 per person

**Late fee of \$5.00 after Jan 8th.*

Participant Registration-Co-ed Volleyball

Last Name: _____ First Name: _____

CCCC Member: Yes No Date of Birth: _____ Age: _____ Gender: M or F

Address: _____ City: _____ Zip: _____

Phone Numbers: _____

Email Address(s): _____

Registration Information

In consideration of accepting my entry, I do hereby for myself, my heirs, executors, administrators and assigns, waive and release all claims, damages, which I may have or which may hereafter accrue to me against the Carroll County Community Center (CCCC), its sponsors, representatives or assigns for any and all damages which may be sustained and suffered by me in connection with my association with or participation in the CCCC program. I attest I am physically fit and have full knowledge of the risks involved in the program. Participants and members involved in CCCC activities and classes give permission for use of their name, photograph, or other likeness of themselves, their oral or written statement; or other aspects of their personalities in whole or part for advertising or similar purposes. They give consent voluntarily and without expectation of any remuneration or reward and waive all rights to any such remuneration or reward.

SIGNATURE REQUIRED Participant/Guardian's Signature (If Under 18): _____

For Office Use Only

Program Cost: \$ _____ Staff Initials: _____ Payment Type: ___cash ___check# _____