



# GOSHEN PARKS & RECREATION

## SAND VOLLEYBALL TEAM REGISTRATION FORM

### League Divisions:

**Monday:** Lower

**Tuesday:** Upper

Division: Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

### TEAM INFORMATION

Team Name: \_\_\_\_\_

Has this team played in a Goshen Parks & Recreation league previously? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Previous Team Name: \_\_\_\_\_

### MANAGER INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

### ASSISTANT MANAGER INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are you interested in playing in the Indoor Volleyball League as well?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Not Sure: \_\_\_\_\_

PLEASE SIGN BACK



**Release & Indemnity**

In consideration for being permitted by the City of Goshen to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child may have, or which hereafter accrue to me, or my child, against the city as a result of my or my child's participation in the activity(ies). This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity(ies), even though that liability may arise out of the negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activity(ies); knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my child (or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs or assigns. In addition, I agree to indemnify and hold harmless the City and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of my or my child's participation in the activity(ies) described above, caused in whole or in part by my or my child's negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city.

**Photography Release**

I hereby grant to the City of Goshen the absolute and irrevocable right and permission to use, reuse, and publish all pictures of me or my child taken in the course of City of Goshen business. I fully understand that I hold no control over the use of the image of which I or my child is a part. Further, I grant to the City of Goshen, and those who the City assigns, the right to use me or my child's name if necessary. I hereby release the City of Goshen from any and all claims and demands arising out of, or in connection with the use of the photograph, including any claims of libel. This authorization and release shall also apply to those working with or in connection with the City of Goshen as well as the person(s) who took the photograph. I have fully read the foregoing and completely understand the contents.

Printed Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF**

Total Fee Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check Number: \_\_\_\_\_ CC: \_\_\_\_\_ RecTrac Receipt # \_\_\_\_\_

Staff Note: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_