GREENWOOD PARKS & RECREATION

GREENWOOD PARKS & RECREATION - ADULT Volleyball
OFFICIAL TEAM ROSTER – Summer 2020

I recognize that because of the potentially hazardous nature of this activity that an injury might be sustained. In the event of such an injury to myself, or my child if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal and agree to pay the usual charges for such treatment. I now release the City of Greenwood, the Greenwood Parks & Recreation Department, its employees, agents and assigns responsibility for any personal injuries and damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors, and administrators. I understand that participants may be videotaped or photographed during the activity. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

TEAM NAME_____

LEAGUE_____

Primary Contact Person: This will be the official contact for all league information

Name_____ Address_____

E-mail address_____ City & Zip_____

Home Phone_____ Work or Cellular Phone_____

Secondary Contact Person: This is the second official contact person for all league information, when the primary contact person cannot be reached.

Name_____ Address_____

E-mail address_____ City & Zip_____

Home Phone_____ Work or Cellular Phone_____

For office use only.

DATE RECEIVED_____ **VERIFIED BY**_____

LEAGUE_____ **NIGHT**_____

GREENWOOD PARKS VOLLEYBALL- OFFICIAL TEAM ROSTER
Summer 2020

Name (printed)	Phone	Signature
1.		
2.		
3.		
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12.		

Greenwood Parks & Recreation
www.greenwood.in.gov