

Homer Recreation Department Co-ed Volleyball Registration Form 2012 Season

Please enter name & address of all players on your roster and have them sign waiver.

Please enter the phone number of your team Captain.

Registration fee is \$60.00 per 6 member team and \$10.00 per additional person or \$10.00 per individual and we will assign you to a team.

Individual may only sign up for Tuesday nights.

The Tuesday Night League will start January 3, 2012 at 6:30 pm.

The Thursday Night League will start January 5, 2012 at 6:30 pm.

There will be no volleyball if school is closed for any reason.

If you have any questions please call the Recreation office at 749 – 2161

Or e-mail us at HomerRecDir@gmail.com

Please Circle One
Tuesday Thursday

Registration Deadline: December 19, 2011

Please make all checks payable to The Village of Homer.

Complete below for each team member

Name	Address	Phone	E-mail
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

All participants must sign a waiver (see attached)

**Homer Recreation Department
Co-ed Volleyball
All Participants must sign a waiver**

In consideration of being allowed to enroll in the Village of Homer in Co-ed volleyball, the participants, do hereby agree for ourselves, our heirs, our executors and administrators to release, hold harmless and forever discharge the program, Village of Homer Recreation Department, for and against any and all claims, actions, causes of action, suits, judgments and demands whatsoever arising directly or indirectly, in connection with the program participant's association or participation in the Homer Co-Ed Volleyball Program.

I also understand that I will be covered on my own insurance only. By signing below, I acknowledge that I have read and understand this form and further understand that the terms herein are contractual and not mere recital. **All participants must sign a waiver**

Signature Date

Family Health Insurance Company Policy Number

Allergies

List any other conditions on reverse side

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