WEST MIDLAND FAMILY CENTER

Fall 2009 ADULT COED VOLLEYBALL TEAM AND LEAGUE REGISTRATION / CONTRACT

(Please print NEATLY. Fill is all * areas.)

***TEAM NAME:**_____

***MANAGER'S HOME ADDRESS:**

_____

***CITY:**_____ ***ZIP:**_____

***MANAGER'S NAME:**_____

***MANAGER'S HOME PHONE:**_____

***MANAGER'S WORK PHONE:**_____

***MANAGER'S CELL PHONE:**_____

***MANAGER"S FAX NUMBER:**_____

*** MANAGER'S EMAIL ADDRESS:** _____

Volleyball Player Fees	
FALL	$35.00
WINTER	$45.00

I agree to play /manage with the above team for the current season in accordance with the rules of the league and Center. I further agree to hold harmless the Center, it's employees, officials, other players and the Board of Directors and I accept all responsibility and liability that might arise out of my participation in the league. I fully understand that there is great personal risk in my playing this sport and I accept all the consequences that might result from my decision to play. I also agree to play and act in a sportsman-like manor and agree to be a calming influence on other team members when needed.

									STAFF USE ONLY					
#	PLAYER'S SIGNATURE	PRINTED NAME	ADDRESS	CITY	ZIP	EMAIL ADDRESS	HOME/WORK PHONE	CELL PHONE	AMOUNT PAID	CASH/CHECK	DATE	STAFF INITIALS	DATE DROPPED	PLAYER INITIALS
1														
2														
3														
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11														