

Coed Adult Volleyball League 2024

Waverly Parks & Recreation Department
14130 Lancashire Street, P.O. Box 427, Waverly, NE 68462

For office use only:

Date Recd _____
ONE REGISTRATION PER TEAM

Team Name _____
Team Captain Name _____
Address _____
City/State/Zip _____
Phone (H) _____ (W) _____
E-Mail Address _____

This league will run from January 10 to March 13. Since this is an adult league, players must be at least 18 years old and out of high school. Games will be on Wednesday nights at the Waverly Middle-School from 6:00pm to 10:00pm. Please turn registration forms and team roster in as soon as possible for scheduling purposes.

Cost for this league is \$150.00 per team

****Sign-up Deadline: January 3, 2024**

Any questions, please contact Shayna at 402-786-2312 x 3 or parkrecredirector@citywaverly.com

WAIVER AND RELEASE OF LIABILITY

Please read this form carefully and be aware that in participating you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this participation.

As a participant or parent/guardian of a participant, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims my minor child/ward or I may have against the City of Waverly, Waverly schools and its officials, officers, agents, servants and employees because of participating. I do hereby fully release and discharge the City of Waverly, Waverly Schools and its officials, officers, agents, servants, employees and volunteers from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may incur or may accrue to me or my minor child/ward on account of my participation.

I further agree to indemnify and hold harmless and defend the City of Waverly, Waverly Schools and its officials, officers, agents, servants, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and or arising out of connected with, or in any way associated with the activities of my participation.

I have read and fully understand the above warning of Risk and Waiver and Release of All Claims.

Team Captain Signature

Date

Mail or Drop off Registration to: Waverly Parks & Recreation Department P.O. Box 427, 14130 Lancashire Street, Waverly, NE 68462

Team Roster

Name _____ **Signature** _____

Name _____ **Signature** _____

Name _____ **Signature** _____

Name _____ **Signature** _____

Name _____ **Signature** _____

Name _____ **Signature** _____

Name _____ **Signature** _____

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