



ADULT COED VOLLEYBALL TEAM REGISTRATION



Team Name: _____

Captain Name: _____ Phone: _____ Email: _____

Address: _____ City/Zip: _____

Second Contact: _____ Phone: _____ Email: _____

Requested information and signature must be filled in for each player before they can participate.

	Print Name	Address	Signature	Shirt Size
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

HOLD HARMLESS / MEDICAL INSURANCE / INFORMED CONSENT AGREEMENT

I, the undersigned, in consideration of the permission granted to me by the City of Bardstown and Bardstown Parks & Recreation Department to participate in this recreation program, do hereby release, forever discharge and agree to Hold Harmless City of Bardstown, Bardstown Parks & Recreation Department, their successors and assigns, for all claims, damages, demands, actions and causes of the action at law or in equity, arising by reason or in manner growing out of participation in Bardstown Parks & Recreation Department Programs.

I recognize that recreation and sport activities may involve a degree of physical and/or emotional stress and may cause physical and/or emotional injuries. To the best of my knowledge, I am free from any serious health problems that would prevent me from participation in sports or recreation activities. I recognize that there are specific rules that govern play and I agree to abide by them. I acknowledge that a violation of these rules may result in my not being allowed to continue in this activity. Further, I understand that the City of Bardstown does not provide accidental medical insurance coverage for participants while engaged in sponsored recreation activities. Securing appropriate medical insurance coverage is the responsibility of the participant, or participant's family.

I hereby grant the City of Bardstown permission to take, use, reuse, and publish: photographs and/or videos of me/my child in any and all of its publications and in any and all other media, including but not limited to use and publication on the internet, webpages, and social media accounts, whether now known or hereafter existing, controlled by the City of Bardstown, in perpetuity and for other use by the City of Bardstown. I hereby release and discharge the City of Bardstown, their directors, employees, agents, representatives, licensees, and other related parties from any and all claims, demands, actions, causes of action, and costs of any nature arising from or related to the use, re-use, and publication of the aforesaid photographs and videos, including but not limited to claims for libel and invasion of privacy.

Notes: _____

Check # _____	Cash _____	Date Paid _____	Initials _____
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