



Lady Spikesters

Name: _____ Age: _____ Birth Date: _____

Parent/Guardian: _____

School: _____ Grade: _____ Years Experience: _____ Height: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone (Day): _____ Night: _____ Cell: _____

Email: _____

Do you have medical insurance? yes: ___ no: ___ If yes, with whom: _____

In case of emergency, Call: _____ Phone: _____

As a participant in the Glasgow Recreation Department Volleyball Leagues, I/we agree to hereby hold harmless and indemnify the Glasgow Recreation Department, the City of Glasgow, all employees, sponsors, officials, coaches and instructors from and against any and all claims, suits, actions, damages, losses, and/or causes of action arising from participation in practices and games and traveling to and from practices and games, from and against any personal injury, loss of life, property and/or damage to property sustained in or about the said premises, and from and against all costs, expenses and liability incurred in and about any such claims, the investigation thereof or the defense of any action or process brought thereon and from and against any orders and/or judgments that may be entered therein. I/we also agree to abide by all rules and regulations promulgated by the Glasgow Recreation Department in the Volleyball Leagues. I/we are fully aware that I/we are responsible for my actions while participating and am aware that it is within the rights of the Glasgow Recreation Department to prohibit any player from further participation due to unsportsmanlike behavior. I/we further attest and verify that I/we are physically fit and have sufficiently trained for participation in this program. Further, by signing this agreement, I/we are hereby giving the Glasgow Recreation Department permission to use photographs of participants for publicity purposes.

Signature of Participant

Signature of Parent/Guardian

If you are interested in coaching or assisting a coach, or officiating games, please check here: _____

T-shirt Size (Circle One)

Adult Small

Adult Medium

Adult Large

Adult X-Large

Adult XX-Large

Fee: \$20 for the first child, \$15 for each additional child from the same household.

Number of children in your family: _____

Date Paid: _____ Check: _____ Cash: _____

