



Vernon Parks and Recreation Department Adult Volleyball Program

Team Name: _____ League: _____

MANAGER (1): _____ Address: _____ City: _____ State: _____ ZIP: _____

DOB: _____ Cell Phone: _____ E-mail Address: _____ Signature: _____

MANAGER (1): _____ Address: _____ City: _____ State: _____ ZIP: _____

DOB: _____ Cell Phone: _____ E-mail Address: _____ Signature: _____

	First Name	Last Name	Town, Zip Code	E-mail Address	Birthdate	Signature
1						
2						
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The above signed parent, guardian, or participant does grant permission to the named individual/s to participate in the Vernon Parks and Recreation Department above named program. The above signed does hereby waive, absolve, indemnify, and agree to hold harmless the Town of Vernon Parks and Recreation Department, the Vernon Board of Education, and all other sponsors and supervisors of the above said program/s. I realize there are inherent risks involved in physical activity and the above named program. Pictures taken of myself may be used for publicity by the Vernon Parks and Recreation Department.