



Vernon Parks and Recreation Department Adult Volleyball Program

Team Name: _____ League: _____

The parent, guardian, or participant does grant permission to the registered individual/s to participate in the Vernon Parks and Recreation Department program/s. The parent, guardian, or participant 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 registered program/s. The Town of Vernon is not responsible for any lost or stolen items. As a parent, guardian, or participant/s, I realize there are inherent risks involved in physical activity. I acknowledge that I have read and understand the Vernon Parks & Recreation cancellation and refund policies, which include fees for cancellations. Pictures taken of participant/s may be used for publicity by the Town of Vernon.

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

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

MANAGER (2): _____ Address: _____ City: _____ State: _____ ZIP: _____

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

	First Name	Last Name	Town, Zip Code	Phone number	Birthdate	Signature
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