Adult Recreational Volleyball

Office Use Only
Ck#_____
Date:_____

Date: 12/18/07 – 3/25/08 (every Tuesday)
Time: 7:00 PM – 9:00 PM
Location: Recreation Center
Cost: $25.00
Instructor: Recreation Dept. Staff

_____ _____ _____
First Name **Last Name** **Age**

_____ _____
Street Address **City/Town**

_____ _____
Phone **Email**

_____ _____
Emergency Contact **Phone Number**

Medical Information

Is there any medical condition or allergy that the Recreation Department should be made aware of prior to your participation in this program?

____YES IF YES_____
(Please specify)

____NO

Adult Recreation Volleyball
WAIVER OF LIABILITY

For participants in the Jamestown Recreation Department Adult Recreation Volleyball Program: In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events") I hereby waive any liability that the Jamestown Recreation Department Adult Recreation Volleyball Program, its officers, directors, trustees, agents, servants, or employees might have for, and agree that said association, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily injury while participating in the Adult Recreation Volleyball Program, sponsored by the Jamestown Recreation Department. I realize that the Town **does not** provide medical insurance and that any injuries incurred would be my/our responsibility.

_____
Signature of Participant

Please make checks payable to Jamestown Parks and Recreation
Mail to: Parks and Recreation Registrations, PO Box 377, Jamestown RI 02835