

Office Use Only  
Ck# \_\_\_\_\_  
Date: \_\_\_\_\_

## Adult Recreational Volleyball (18yrs +)

Location: Recreation Center  
Date: 11/24/09 Every Tuesday Evening 7-9pm  
Cost: \$40

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town / City

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

### Medical Information

Is there any medical condition or allergy that the Recreation Department should be made aware of?

\_\_\_ YES

IF YES \_\_\_\_\_

(Please specify)

\_\_\_ NO

### **Adult Volleyball WAIVER OF LIABILITY FORM**

For participants in the Jamestown Recreation Department Adult Volleyball: 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 Volleyball 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 to myself while participating in the Adult Volleyball, 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 Parent/ Legal Guardian

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