

Youth Recreational Volleyball

Office Use Only

Ck# _____

Date: _____

Date: 11/17/09 – 3/24/10 (every Tuesday)
Time: 6:30 PM – 7:30 PM
Location: Lawn Avenue Gym
Cost: \$25.00
Instructor: Andrea Von Hohenleiten

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

Youth Recreation Volleyball WAIVER OF LIABILITY

For participants in the Jamestown Recreation Department Youth 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 Youth 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 Youth 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 Parent/Guardian (if under 18)

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