

CRANFORD RECREATION & PARKS DEPARTMENT

OUTDOOR CO-ED VOLLEYBALL LEAGUE

STARTING ON MAY 20, 2015
LOCATION WILL BE UNAMI PARK.
THE ENTRY FEE WILL BE \$100.00 PER TEAM
(PAYMENT DUE MAY 8TH, 2015.
PLAY WILL BE 12 WEEKS, ON **WEDNESDAYS** - STARTING TIME 6:30 P.M.
(AGE LIMIT: 18 & UP)
FIRST COME FIRST SERVE

TEAM NAME: _____ **INDICATE: LEVEL "A" or "B"**
(CIRCLE LEVEL)

=> E-MAIL ADDRESS: _____

TEAM MEMBERS: _____ **MANAGER:** _____

<u>NAME</u>	<u>ADDRESS</u>	<u>BIRTHDATE</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

SEND CHECK PAYABLE TO CRANFORD RECREATION & PARKS DEPARTMENT, 220 WALNUT AVE,
CRANFORD, NEW JERSEY 07016. **(NO CASH ACCEPTED)**

NOTE: RAIN DATES WILL BE HELD ON MONDAYS!!!!!!!!!!

ALL TEAMS MUST CARRY THEIR OWN INSURANCE.

Participation Waiver and Release

I hereby agree to participate in the Co-Ed Adult Volleyball League program given by the Cranford Recreation and Parks Department, its employees, instructors and agents upon the understanding and condition that:

1. I represent to the Recreation and Parks Department that I am physically capable of participating in a cardiovascular exercise program and that to the extent necessary in light of my prior health history, weight, and general physical condition, I have consulted my personal physician or other health authority before deciding to participate.

2. I recognize the risks of illness and injury inherent in any exercise program and I am participating in the Community Center's Program upon the express agreement and understanding that I am hereby waiving and releasing the Recreation and Parks Department and the Township of Cranford from any and all claims arising out of my participation in the township's programs or any illness or injury resulting there from. I hereby further agree to indemnify and hold harmless the Recreation and Parks Department and the Township of Cranford from and against any and all such claims.

3. I agree to inform the Recreation and Parks Department of any changes in my physical condition, which might in any way adversely affect my ability to participate in the program safely.

NAME

SIGNATURE

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12.			

**Cranford Recreation & Parks
220 Walnut Avenue
Cranford, NJ 07016**

908-709-7283