



Crystal Coast Girls Youth Volleyball Participant Information:

Name: _____

Address: _____ City: _____ State: __ Zip: _____

Phone: _____ Date of Birth: _____

Email: _____

Activity you are registering for: **Youth Volleyball (2019)**

T-Shirt size (Please Circle): YS YM YL AS AM AL AXL AXXL

School: _____ Grade: _ Age: _____

Waiver and Release of Liability Must Be Signed Prior to Participation

In consideration of being allowed to participate in any way in the Emerald Isle Parks and Recreation Department’s athletics and/or related activities, **I, the undersigned:**

1. Agree prior to participating, that I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will advise the supervisor on duty of such condition(s) and refuse to participate.
 2. Acknowledge and fully understand that I will be engaging in activities that involve risk of serious personal injury, including permanent disability or death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the nature of the activity or from the conditions of the premises or of the equipment used. Further, there may be risks not known to me or not reasonably foreseeable at this time.
 3. Assume all the foregoing risks and accept personal responsibility for the damages of equipment and self, following such injury, permanent disability or death.
 4. Release, waive, discharge and covenant not to sue the Carteret County Parks and Recreation Department, Carteret County, Morehead City Parks and Recreation Department, the Town of Morehead City, Emerald Isle Parks and Recreation Department, the Town of Emerald Isle, affiliated clubs, respective administrators, directors, agents, coaches, employees of the organizations, participants, sponsors, advertisers and, if applicable, owners and leasers of the premises used to conduct the event, all of which are here and after referred to as “releases,” from any and all liability to each including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the releases or otherwise.
 5. By participating in a program sponsored by the releases, grant said parties the right to use my name, quotes and any pictures taken of me during the sponsored program.
- No weapons of any kind permitted in facility.
 - Nobody under the age of 16 permitted in the weight room (even with parent). Nobody under the age of 12 permitted in facility without adult supervision.
 - Department representatives have complete authority to ask anyone to leave the premises at any time.

Signature of Parent/Guardian

Date

For Administrative use only: Date Paid _____ (Cash _____ Check # _____)

Notes: _____