

PRINCETON CLUB VOLLEYBALL

REGISTRATION FORM

TEAM ROSTER AND INJURY WAIVER
\$450 for 17 week season + \$50 Refundable Forfeit Fee

TEAM NAME: _____

CAPTAIN: _____ EMAIL: _____

HOME #: _____ WORK #: _____

CO-CAPTAIN: _____ EMAIL: _____

HOME #: _____ WORK #: _____

NIGHT OF PLAY : TUESDAY _____ THURSDAY _____

DIVISION (CIRCLE ONE): B LEAGUE A LEAGUE

PLAYERS NAME, ADDRESS, PHONE & E-MAIL

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

INJURY WAIVER AND PLAYING AGREEMENT

I, the undersigned, intending to be legally bound for myself, my heirs, and personal representatives, do hereby release Princeton Club and any of its officers, agents, directors, and shareholders, and their representatives, successors, and assigns, from any and all liability arising from illness or injury which I may suffer as a result of my participation in activities connected with the above league. I also agree to follow any and all league and establishment rules.

Signature

Print Name

Date

_____	_____	_____
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**THANK YOU AGAIN AND PLEASE PLAY
SAFE AND HAVE FUN AT PRINCETON CLUB**