

# PRINCETON CLUB VOLLEYBALL TOURNAMENT REGISTRATION FORM

TEAM ROSTER AND INJURY WAIVER  
Register before February 2<sup>nd</sup>: \$100/team  
Register after February 2<sup>nd</sup>: \$120/team

TEAM NAME: \_\_\_\_\_

CAPTAIN: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_

CO-CAPTAIN: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_

DIVISION (CIRCLE ONE):      Power      Intermediate High      Recreation

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**