

PRINCETON CLUB VOLLEYBALL TOURNAMENT REGISTRATION FORM

TEAM ROSTER AND INJURY WAIVER

Registration Fee: \$120/team

Early Bird Fee: \$100/team

TEAM NAME: _____

CAPTAIN: _____ EMAIL: _____

HOME #: _____ WORK #: _____

CO-CAPTAIN: _____ EMAIL: _____

HOME #: _____ WORK #: _____

DIVISION: Intermediate High

PLAYERS NAME, ADDRESS, PHONE & E-MAIL

1. _____

2. _____

3. _____

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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**