2024 SPRING COED VOLLEYBALL LEAGUE

League Offerings

COED

Team Name:_____ Registered Last Season As:_____Div.you feel you should be in_____

Coach:_____ Home Phone:_____ Work Phone:_____

Address:_____City, Zip:_____Conflict Night?_____ (one night only please)

Asst. Coach:_____ Home Phone:_____ Work Phone:_____Bad Specific Date?_____

Address:_____ City, Zip:_____ Contact EMAIL_____

All players must read this statement before signing: I hereby agree and contract, in consideration of the acceptance of this application as a playing member of the team listed above, and to fully comply with the rules, codes and regulations of the City of Yakima Athletic program and furthermore, I agree that in consideration of the services rendered and to be rendered by the City of Yakima Parks & Recreation Division, said officers and employees of the City in sponsoring, organizing and directing amateur sports in the various parks and gymnasiums, the risk of physical injury therewith, does hereby release any and all right of claim to damage or injury which may be in connection with or as a result of engaging as an athlete in such activity. The release applies to the City of Yakima, and to sponsors of teams, including any and all officers and employees of the City and said sponsors.

ADDRESSES WILL BE CHECKED FOR NON RESIDENT FEES

Name	Signature	Age	Address	City	Zip	Home Phone	Work Phone	City Resident	Shirt Size
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