

**COMMUNITY EDUCATION AND RECREATION
2012 HIGH SCHOOL VOLLEYBALL PLAYER'S CONTRACT**

For this contract to be valid and accepted by the Rec & Ed office, it must be filled out completely and signed by the player and parent if under 18.⇒For league play, you may participate on only one team in each program. **FAX # IS 734-994-1454.**

⇒**This contract needs to be submitted by Thursday, May 31, 2012, by 5:00 p.m.** If submitted after May 31, it will be subject to a \$2.00 late fee. Late fees are due at time of submittal.

Deadline for Team Fees, Player Contracts and Rosters:

Thursday, May 31, 2012, 5:00 p.m.

Deadline for Dropping and Transferring Players:

Friday, July 13, 2012, 4:30 pm

Deadline for Adding Players:

Friday, July 20, 2012 at 4:30 pm

PLEASE PRINT:

1. NAME: _____
(Last) (First) (Middle)

2. ADDRESS: _____
(Number and Street) (City) (Zip)

3. HOME PHONE: _____ 4. BIRTH DATE: _____ 5. GENDER (circle one): Male Female

6. EMAIL _____ 7. AGE: _____ 8. GRADE in '12/13: 9 10 11 12 13

9. TEAM NAME: _____ 10. LEAGUE (circle one): Girls' JV Girls' Varsity

I hereby agree to be a member of the above team for the current 2012 HIGH SCHOOL VOLLEYBALL season. I understand that I am a member of this team until a release is obtained or by transferring under the rules of the Community Education & Recreation. **ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY FOR INJURY BY PARTICIPANT:** I hereby acknowledge that I have been properly advised, cautioned and warned by the Community Education & Recreation that by participating in the sport of VOLLEYBALL, I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures, ligament(s) or cartilage damage which could result in temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport. Furthermore, I realize that there is no Benefit Fund and I will assume personal responsibility in case of injury resulting from participation in this activity. Moreover, I realize that the Community Education & Recreation does not necessarily guarantee the presence of trained medical personnel on site at every activity.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY FOR INJURY BY PARENT OR GUARDIAN, (to be completed by parent or guardian when the aforementioned participation is under eighteen (18) years of age): I hereby acknowledge that I have been properly advised, cautioned and warned by the Community Education & Recreation that by participating in the sport of HIGH SCHOOL VOLLEYBALL, my child, named above, may be exposed to the risk of injury, including but not limited to, the risk of sprains, fractures, ligament(s) or cartilage damage which could result in temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis or even death. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury to my child named above which may result, I give my consent to my child, named elsewhere on this form, to participate in the Community Education & Recreation program. I realize that there is no Benefit Fund, and I will assume personal responsibility in case of injury resulting from participation in this activity. Moreover, I realize that the Community Education & Recreation does not necessarily guarantee the presence of trained medical personnel on site at every activity.

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

COACH'S SIGNATURE: _____ DATE: _____

***** PERSONAL CHECKS WILL ONLY BE ACCEPTED FROM THE MANAGER FOR TEAM FEES.
LATE & NON-RESIDENT FEE PAYMENT MAY ALSO BE MADE BY CASH OR CREDIT CARD. *****

PLEASE COMPLETE IF PAYING BY CREDIT CARD. Late fee is \$2.00 (submitted after 5/31/12). AAPS Non-resident fee is \$3.00.

Name _____

Print the name exactly as it appears on the credit card

VISA MASTERCARD AMERICAN EXPRESS Amount charged \$ _____

Card # _____ Exp. Date: _____

Signature (required) _____

I agree to pay above total amount according to the card issuers agreement and the Community Education and Recreation Refund/Credit policy listed in the organizational notes.