

# 2024 HAYS RECREATION SUMMER VOLLEYBALL LEAGUE TEAM REGISTRATION FORM

Due: May 22<sup>nd</sup> 2024

**Registration Fee: \$35.00 per player**

**Team Name:** \_\_\_\_\_

**Coaches Name:** \_\_\_\_\_

**Coach Phone #** \_\_\_\_\_ **Coach Email:** \_\_\_\_\_

**Coach Address:** \_\_\_\_\_

(Select One) H.S. Varsity Monday's \_\_\_\_\_ H.S. JV Monday's \_\_\_\_\_ M.S. Thursday's \_\_\_\_\_

	<u>Players Name</u>	<u>Signature</u>		<u>Shirt Size</u>
1)	_____	_____		_____
2)	_____	_____		_____
3)	_____	_____		_____
4)	_____	_____		_____
5)	_____	_____		_____
6)	_____	_____		_____
7)	_____	_____		_____
8)	_____	_____		_____
9)	_____	_____		_____
10)	_____	_____		_____

The above signed understands that injuries are a natural part of many recreation activities and agrees to indemnify, hold harmless and release the Hays Recreation Commission (HRC) their agents and employees from any and all liability for any injury which may be suffered by the above named individual(s) registered in this activity arising out of or in any way connected with Participation in this activity. The undersigned and participant authorize the HRC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. I have read the above statement, understand and agree to the conditions set forth. I agree to abide by all policies and guidelines set forth by the HRC regarding this program.

<p><u>Payment Form:</u> # of Players ___ X \$35 per player _____</p> <p>Total Amount Enclosed \$ _____</p>	<p><u>Payment Method:</u> Check # _____ Cash _____ Credit Card: Visa    Mastercard    Discover Card # _____ Name on Card _____ Expiration Date _____ 3-Digit Code _____</p>
--	---

Mail to: Hay Recreation Commission - 1105 Canterbury - Hays, KS 67601 Make Checks Payable to Hays Recreation Commission