

2019

FALL

Register Online

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Form of Payment (Circle)

Cash Check

Check # _____

Amount Paid: _____



ADULT CO-ED RECREATIONAL VOLLEYBALL LEAGUE | Registration

Captain Name _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone Number: _____
(Confirmation will be delivered via email only)

Team Name: _____

Registration Deadline: Friday, October 11

DATES: October 14-November 18 (Mondays)

TIME: 7-9pm

PLACE: Riverton High School Gym

COST: \$80/team *(limited to 8 teams)*

Participant/Player Name	Player Signature for Liability Waiver	Phone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Captain Signature: _____ Date: _____

By signing above, I, the participant hereby give permission for any and all medical attention to be administered to myself in the event of accident, injury, sickness, etc. under the direction of CWC. I also assume the responsibility for the payment of any such treatment. In consideration for the acceptance of my signature of waiver, I hereby, for myself, my child, and my heirs, waive and release any and all rights and claims for damages I or my child may have against Central Wyoming College and their representatives and assigns for any and all injuries suffered by myself or my child at any activity sponsored by Central Wyoming College.

I understand that during an activity, myself and/or child's conduct directly affects the good order and safety of the group. I expect myself and/or child to exhibit conduct, and behavior in accordance with institutional rules. I agree that acts such as using tobacco, speaking with profanity, consuming intoxicating drugs or beverages, fighting or stealing cannot be tolerated. I agree to be financially responsible for any loss, damage, loss or use, or costs to persons or property caused by the actions of myself and/or child. If, at the sole discretion of the registered adult leader on an activity, myself and/or child's acts out continual behavior and conduct violates institutional rules and regulations, I understand that my opportunity to participate will be terminated and arrangements will need to be made to leave the program and facility at such time.