

**SANBORNTON RECREATION**



***ADULT***

***VOLLEYBALL***

**MONDAYS 7-9:00PM**

**9/11/2023-6/10/2024**

**REGISTRATION : \$25 RESIDENT**

**NON-RESIDENT \$35**

**Registration Forms:**

**Email Amanda**

**[sanborntonrecreation@gmail.com](mailto:sanborntonrecreation@gmail.com)**

# 2023-2024 Sanbornton Recreation – Coed Volleyball Program

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I, \_\_\_\_\_ assume all risks and hazards incidental to such participation including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Sanbornton Adult Coed Volleyball Program, the organizers, sponsors, supervisors, and participants from any claim arising out of any injury to myself. As a participant in Adult Coed Volleyball, I will be responsible for leaving the area used in the same condition as upon my arrival. In case of accident, I request the Sanbornton Adult Co-Ed Volleyball Program to contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

If unavailable, please contact the physician indicated below and follows his/her instructions. I authorize any treatment deemed necessary for myself.

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office personnel, only: Name: _____ Date: _____ 2023 Resident: \$20.00 Non-Resident \$30.00 <input type="checkbox"/> Cash Payment \$ _____ <input type="checkbox"/> Receipt # _____ <input type="checkbox"/> Check Payment: \$ _____ Check #: _____
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Any questions please contact the Sanbornton Recreation  
email: sanborntonrecreation@gmail.com