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| GEE-GEE’S VOLLEYBALL    2021  ONE FOR EACH PLAYER |

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| CONSENT FORM...CONSENT FORM...CONSENT FORM |

I HEREBY AGREE TO PARTICIPATE AS A TEAM MEMBER IN THE SPORT DESIGNATED BELOW.

    I UNDERSTAND THAT THERE ARE CERTAIN RISKS OF INJURY INHERENT IN THE PRACTICE AND PLAY OF THIS SPORT, AS WELL AS IN TRAVELING AND OTHER          RELATED ACTIVITIES INCIDENTAL TO MY PARTICIPATION, AND I AM WILLING TO ASSUME THESE RISKS.  I HEREBY CERTIFY THAT I AM FULLY CAPABLE OF        PARTICIPATING IN THE DESIGNATED SPORT AND THAT I A M HEALTHY AND HAVE NO PHYSICAL OR MENTAL DISABILITIES OR INFIRMITIES THAT WOULD RESTRICT    FULL PARTICIPATION IN THESE ACTIVITIES, EXCEPT AS LISTED BELOW. IN ADDITION TO GIVING FULL CONSENT FOR MY PARTICIPATION, I DO HEREBY WAIVE RELEASE AND HOLD HARMLESS THE ORGANIZATION NAMED BELOW, ITS OFFICERS, COACHES, SPONSORS, SUPERVISORS AND REPRESENTATIVES FOR ANY INJURY THAT MAY BE SUFFERED BY ME IN THE NORMAL COURSE OF PARTICIPATION IN THE DESIGNATED SPORT AND THE ACTIVITIES INCIDENTAL THERETO, WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE.

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| NAME |  |
| DATE OF BIRTH |  |
| ADDRESS |  |
|  |

PHYSICAL LIMITATIONS (ALLERGIES ETC.) (in case of emergency)

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GEE-GEE’S, MANASQUAN              DESIGNATED SPORT   BEACH VOLLEYBALL

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   CELL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR LEGIBLY WRITTEN Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     
  
THIS IS AN ADULT LEAGUE.. PARTICIPANTS MUST BE 18 OR OLDER.