# ICEWORM VOLLEYBALL CLASSIC TEAM ENTRY FORM 2023

Complete entry form and send to:

**Mail**: City of Cordova, Parks & Recreation, P.O. Box 1210, Cordova, AK, 99574 **Email**: parksadmin@cityofcordova.net

### **Captain Information**

First Name							Last Name	
Date of Birth	М	М	D	D	Y	Y	Gender M F	
	IVI	IVI	U	D	T	T	M F	
Address							City	
State							ZIP	
E-Mail							Cell Phone	

As the representative of my team, I have read and agree to all the City of Cordova Parks and Recreation Department rules and regulations. I verify that to the best of my knowledge all information given on this form is true and accurate.

Signature	Date
<u>Team Information</u> Team Name	<b>ROSTER AND WAIVER ON RESERVE SIDE MUST</b> <b>BE SIGNED BY ALL PLAYERS.</b> Parent or guardian must sign for participants 18 years or younger

### <u>FEE</u>

**\$120** PER TEAM.

## PAYMENT IS REQUIRED AT TIME OF REGISTRATION.

Make Checks payable to The City of Cordova.

CASH/DEBIT/CREDIT payments may be made in person at Bidarki Recreation Center or via phone to (907) 424 -7282.

### Registration closes: 5pm, Wednesday, January 11, 2023

OFFICE USE ONLY					Method of Payment				
Fee Paid		Staff Initials			Cash	Debit/ Credit	Check #		
Date Paid									
City of Cordova, Department of Parks & Recreation, 103 Council Ave, P.O. Box 1210, Cordova, AK 99574						Volleyball En	try Form		

# TEAM WAIVER AND RELEASE OF LIABILITY

These terms and conditions affect your legal rights and remedies. Please fully review and understand the following before signing on to acknowledge your review and acceptance of the terms.

#### Waiver:

#### Please read this form carefully.

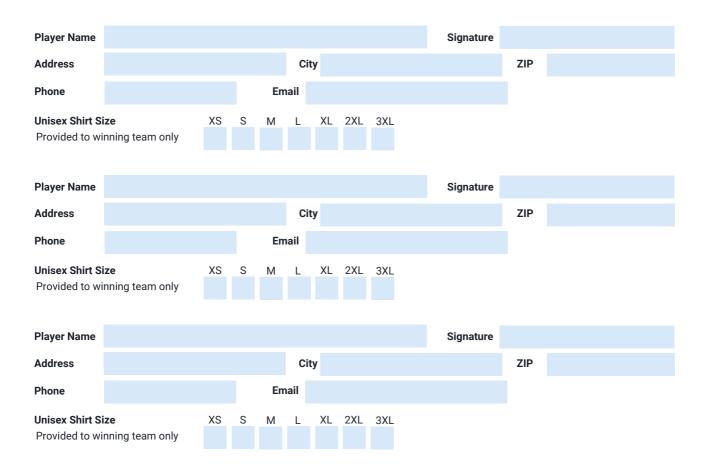
In consideration of my and/or my child or ward's participation in this activity, I hereby release and hold harmless the City of Cordova, Parks and Recreation Department (the "Department"), and its representatives, successors, and assignees from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (and/or my child or ward's) participation in this activity. I recognize and acknowledge that all athletic and recreational activities offered by the Department involve, to some degree, a certain risk of physical injury, death, and/or property damage, and I agree to assume the full risk of any and all damages or loss which I (and/or my child or ward) may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I fully understand the nature of the programs for which I (and/or my child or ward) are registering, either individually or on behalf of my minor child or ward and have read and fully understand this Waiver and Release of All Claims. I further understand that any advertisements or warnings of the particular risks of these programs that I or my minor child or ward subsequently receives will be incorporated by reference into and become a part of this Waiver. Additionally, although I understand that the City of Cordova, Parks and Recreation Department (the "Department"), and its representatives, successors, and assignees, undertake reasonable efforts to ensure the safety and participants in this activity, I hereby agree to assume the full risk of any and all damages or loss which I (and or my minor/child or ward) may sustain as a result of any negligence by the Department and its representatives, successors, and assignees, and boilt or ward) may sustain as a result of any negligence by the Department and its representatives, successors, and assignees, and to indemnify and hold harmless the same from any claims arising out of either inherent risks or negligence associated with this activity.

#### **Team Name**

**Captain Name** 

# **TEAM ROSTER**

Rosters: Minimum 6 players, maximum 8 players. Players under 18 must have a parent/guardian sign on their behalf.



# **TEAM ROSTER**

Continued from previous page

#### I have read and agree to the waiver and release of liability.

