

OAK RIDGE RECREATION & PARKS ROSTER FORM AND MEDICAL RELEASE – VOLLEYBALL

TEAM:		COACH:		PHONE (h):	
ASS'T. COACH:		PHONE (h):		ADDRESS:	
ADDRESS:		PHONE (w):		LEAGUE:	

I, whose name is listed on the same line with my signature below, fully understand the risk of injury arising from my or my child's participation in Volleyball. I hereby assume all risks and hazards incidental to such participation, including transportation to and from all activities; and do hereby waive, release, absolve, and indemnify and agree to hold harmless the City of Oak Ridge, organizers, sponsors, supervisors, and participants, for any claim or injury or liability that may hereafter arise as a result of participating in Volleyball. I make this agreement on behalf of myself, my heirs, and my estate. I also grant permission to managing and/or coaching personnel or other department representatives to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including minor surgery, deemed necessary by a duly licensed physician should I become ill or injured while participating in Volleyball. For youth sports (under age 18), a parent or guardian's signature is required for participation.

PLAYER NAME	DOB	ADDRESS (Including City)	E-Mail Address	SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				