



Stamford Recreation's "Cummings Beach Classic" Beach Volleyball Tournament

**May 6 & May 7, 2016
Team Registration Form
Friday Start: 5:45pm & Saturday Start 9am**

Team Name: _____

Captain Name: _____ M/F _____
 Street Address: _____ City _____ State _____ Zip: _____
 Phone: _____ Cell: _____ Email: _____

Team Roster (coed 4's must have minimum 2 men/2 women. Coed 6's must have minimum 3 men/3 women).

<u>Player Name</u>	<u>Address</u>	<u>Cell</u>	<u>Email</u>	<u>*Signature</u> (see below)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Division (circle one)

Fee:

Recreational 6's

\$125

I, the undersigned player, acknowledge, agree and understand that I: Voluntarily and of my own free will, elect to participate as a member of the team and league mentioned above. I understand that there are certain risks and hazards involved in participating that result in injury or death to me or other players. I understand that playing on a beach is dangerous to me and to other players and may result in serious injury or death. I understand that the very nature of this sporting activity is hazardous and risky, including but not limited to, the acts of running, jumping, stretching, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I the undersigned player agree that in consideration for the right to play as a member of the team designated below and in consideration for permission on the beach arranged for by the team or league, I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by players on my team, and [c] while on or upon the premises of any and all of the locations arranged for by my team or league for practice or play. I release, discharge and agree not to sue the team and league designated above, the facility owner or other entity designated below, the officers, agents, servants, associations, employees, or any person or entity connected with the team, league, gym or the city of Stamford, for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties released. *By signing the roster above, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Manager's Signature _____ **Date** _____

OFFICE USE ONLY:

Amount Paid: \$ _____

Check # _____ Cash _____ Master Card _____ Visa _____

PLEASE MAKE CHECKS PAYABLE TO:

City of Stamford

Mail to: Stamford Recreation Division,

Meg Gearhart, 1st Floor

888 Washington Blvd

Stamford CT 06901

203-977-5221

mgearhart@stamfordct.gov