



# Friday Night Spikes Volleyball League

January 4 – March 1, 2019

Friday Nights – at 7pm and 9pm

High School Aged Girls and Guys

Laurel Hill Bible Church – Clementon, NJ

## Participant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Current School Grade \_\_\_\_\_ Gender \_\_\_\_\_  
(Month/Day/year)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

## Emergency Contact Information

Name of Parent(s) / Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Special Needs/Food Allergies \_\_\_\_\_

## **Participation agreement**

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity as well as any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor").

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

In the event that my child would need emergency medical treatment, I authorize representatives of Laurel Hill Bible Church to administer and /or seek medical treatment. I expect to be contacted as soon as possible following the need of medical treatment for my child.

## **Use of electronic Images**

Occasionally, photos are taken during the game times. These photos may be used in league promotional material, and/or may be posted on our church Facebook site. I give permission for my child's photo to be used in the above listed publications.

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

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

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

(Participant and/or ALL parent/guardians if participant is a minor)