

Receipt # _____

Registration Deadline: Wednesday, December 23, 2009

**TROY RECREATION DEPARTMENT
WOMEN'S VOLLEYBALL**

at St. Patrick's Parish Center

**January 4 – March 15, 2010
(Mondays, 7:30-10:00 p.m.)**

First night of play, January 4, 2010 from 7:30-9:00 p.m. will be open gym night and meet your team night. Rosters will be finalized at this time. League schedule will be available January 5, 2010.

The league will begin January 11, 2010. Each team will play 10 games.

PARTICIPANT'S NAME: _____

ADDRESS: _____ PHONE: (W) _____
_____ (H) _____

E-MAIL ADDRESS _____

REGISTRATION FEE: \$24.00 _____ **Paid**

*****WAIVER AND RELEASE*****

I, the undersigned, being fully aware of the dangers inherent to the sport of volleyball, in consideration of the City of Troy, Troy Recreation Department, Troy Board of Education, and its agents and servants, do hereby expressly waive all rights and claims of whatever nature, which may arise against the City of Troy, Troy Director of Recreation, the supervisory staff of the volleyball program, or their agents and servants, as a result of injuries incurred while participating in the City of Troy Recreation Department's Women's Volleyball Program.

DATE: _____ **SIGNED:** _____
(Signature of Participant)

The Troy Recreation Department will make program refunds for the following:

- 1) If the program is cancelled by the Department.
- 2) If the registered participant moves out of town before the program starts.
- 3) If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.

NAME OF TEAM CAPTAIN: _____