



ADULT VOLLEYBALL

TEAM REGISTRATION

The _____ team hereby petitions the Tuscaloosa County Park & Recreation Authority for membership, and agrees, if accepted, to adhere to the constitution and By-Laws and agrees to play on the DATES/HOURS/ AREAS assigned to our team. (*LEAGUE REQUESTED* _____)

Manager _____

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

E-Mail Address _____

Assistant Manager _____

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

E- Mail Address _____

I, (Manager's Name) _____ agree to be responsible for all financial obligations involved with registering this team, and certify that the names listed on the roster are members of the (Team Name) _____ and meet all eligibility requirements for participating in the league as stated in the By- Laws.

Manager's Signature

Date

CHURCH TEAMS ONLY:

I, (Pastor's Name) _____, agree to be responsible for all financial obligations involved with registering this team and certify that the names listed on the roster are members of the (Church Name) _____ and meet all eligibility requirements for participating in the league as stated in the League By-Laws.

Pastor's Signature

Date

Please give us your Revival dates in space provided below. We will be glad to schedule your Regular Season Games at 9:15 p.m. during your revival week if you give us the date. Otherwise, schedules cannot be changed.

CHURCH _____ REVIVAL DATES _____

TEAM _____

DIVISION: (Check one) Independent Church Industrial

	Player's NAME (Print)	ADDRESS	PHONE#	AGE	LAST TEAM PLAYED ON	PLAYER'S SIGNATURE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Signing of this Roster also indicates the team members will abide by the PARA League By-Laws and will comply with the medical release below.

MEDICAL RELEASE

I hereby give my permission for the above signed to participate in this program/activity. I authorize the Tuscaloosa County Park and Recreation Authority (PARA) to obtain necessary medical care and treatment for the participant/child/ward for any illness or injury occurring during the program, but I understand that PARA is not assuming duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant/child/ward. I understand that PARA has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant/child/ward and I agree to pay all reasonable medical costs incurred if treatment is obtained. I understand that PARA assumes no responsibility or liability for lost, stolen, or misplaced items. I release PARA and its agents, servants, and employees from all claims, actions, causes of action and rights of recovery or reimbursement of any type that I or the child/ward have or may have in the future which arise from or are related in any manner to the program/activity (including but not limited to claims of bodily injury and property damage or loss) and I assume all risks and hazards incident to such program and transportation to and from the same. I also give permission for PARA to take photographs and/or videos of/during activity for publicity use. This instrument is signed both on behalf of the individual.