



# Collinsville Area Recreation District 2010 Co-Rec Volleyball Team Entry Form

Team Name: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Wk: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Entry Fees	In District	Out of District
Team Entry	\$180.00	\$180.00
Player Fees ( <i>Due w/roster</i> )	\$0.00	\$0.00

### Registration:

**Team entry fee is due at time of registration with team entry form.  
No spot is secure until entry fees are paid.**

**Registration due by SEPTEMBER 22, 2010**

Schedules will be available Monday, September 27 at 5pm at the CARD  
Activity Center, 10 Gateway Dr., Collinsville, IL.

**Play will begin on Thursday, September 30 at Dorris Intermediate  
School, 1841 Vandalia Street in Collinsville, IL.**

### For office use only

Entry Fee Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Cash: \_\_\_\_\_ Check # and Amount: \_\_\_\_\_

Credit Card # and Exp. Date: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Amount Due: \_\_\_\_\_



## 2010 Adult Co-Rec Volleyball Roster

All players must sign the roster

Team Name:	Manager's Name:
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Address:	City:	Zip:	Phone:
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<b><u>At least 2 Female Players Required</u></b>	<b><u>All Players must read waiver and sign the roster</u></b>
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Name	Address/City/Zip	Phone #	Signature	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware in registering yourself, your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program. As a participant in the program or the parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Collinsville Area Recreation District (CARD) and its officers, agents, servants and employees. I do hereby fully release and discharge CARD and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of participation in the program. I further agree to indemnify and hold harmless and defend CARD and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand the above Program Details and Waiver and Release of All Claims.

I, as manager of this team, agree that all information provided on this roster is authentic and correct.

Manager's Signature	Date	Amount Received	Amount Due