



Rocky Mount Parks & Recreation 2016 Co-Rec Adult Indoor Volleyball League For Ages 16 and Older



The City of Rocky Mount will be offering an Adult Co-Rec Indoor Volleyball League. The league will play 5 V 5 regular season matches and tournament games. Matches will be played weeknights at **RM WILSON GYM** and **South Rocky Mount Community Center**. Each team is recommended to have at least 6 players, with a **minimum of 2 females** on each team. **Two (2) females** must be on the court at all times!
Sign up as a team or join as an individual!

Participant's Name _____	Age _____	Birth Date _____ <small>(month, day, year)</small>
Mailing Address _____	City _____	Zip Code _____
Primary Phone # _____	Alternate Phone # _____	
Email _____	Male _____	Female _____
Team Member Request/Team Name: _____		

INDIVIDUAL REGISTRATION FEES

Individual Entry Fees:

City Resident	\$36.00
Non City Resident	\$54.00

T-shirt Size _____
(If Registration Forms are **NOT** turned in by deadline, you will not be guaranteed Shirt Size)

TOTAL AMOUNT PAID \$ _____
(Please Check Applied Program Box Above)

NO CASH ACCEPTED

Make Checks Payable to: City of Rocky Mount

Pymt Options: Check / Money order / Credit

Check # _____ Receipt # _____

Card # _____

Signature _____
(For Credit Card Payment ONLY)

Exp. Date _____ Auth # _____

Registration Deadline
FRIDAY, October 28, 2016
If Registration Forms are **NOT** turned in by the deadline, you will not be guaranteed Shirt size

If Registering a Team, EACH team member **MUST complete a Registration Form!**

League Sponsorships are available, if you, your business, or organization would like to sponsor the 2016 Adult Indoor Volleyball League.

Please mail entry fee and form to:

City of Rocky Mount
Attn: Mr. Lynn Driver, Athletics
PO Box 1180
Rocky Mount, NC 27802-1180

REFUND POLICY

100% refund/credit/transfer if Department cancels program or facility rental. 85% refund if participant requests 5 days in advance of program start date or two weeks prior to rental date. 100% fee transfer to another P&R program at time of withdrawal. Refunds for medical reasons requested prior to program start date and/or rental and subject to verification granted 100%. **NO REFUND** if participant's request falls within 5 days of program start date or within two weeks prior to rental date.

It is the policy of the City of Rocky Mount not to discriminate on the basis of race, sex, national origin, disability, age, creed, color or religion.

For more information and printable registration forms, visit our website, www.rockymountnc.gov/parks/athletics call 972-1160 or email chris.koufopoulos@rockymountnc.gov

Mission Statement

To advance the quality of life by providing positive, inclusive experiences through people, parks and programs

CITY OF ROCKY MOUNT RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of my participation in the 2016 Adult Co-Rec Indoor Volleyball League (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.

PHOTO RELEASE STATEMENT— Pictures or video clips may be taken while participating in City of Rocky Mount Parks & Recreation programs. If you do not concur, please call 252-972-1151.

Signature of Participant (SEAL) _____ Print Name Date: _____