



TEAM NAME: \_\_\_\_\_

CAPTAIN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

2ND CAPTAIN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PAYMENTS	SPRING		SUMMER		FALL	
	Winchester use only	DATE		DATE		DATE
AMOUNT			AMOUNT		AMOUNT	
CASH			CASH		CASH	
CHECK			CHECK		CHECK	
CREDIT			CREDIT		CREDIT	

LEAGUE CHOICE

CO-REC FUN

COMPETITVE

NIGHT OF LEAGUE

MONDAY begins @ 7

TUESDAY begins @ 7

WEDNESDAY begins @ 7

THURSDAY begins @ 8

FRIDAY begins @ 7

\*\*\*\*All players participate at their own risk and have signed the waiver form prior to playing volleyball at Winchester's. I have reviewed all the rules with my teammates. There are NO refunds. There is a \$15 charge for any changes after registration\*\*\*\*

CAPTAIN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Rules Received: Initial \_\_\_\_\_

### WAIVER FORM

I understand and agree that this waiver constitutes a full and complete release of liability and by signing this document I hereby discharge, Winchester's and it's owners, agents, servants, employees, assigned sponsors, and advertisers from any and all loss, claims for loss or responsibility for injury to me which may result from the use of the premises and/or equipment owned by Winchester's. I further understand and agree that all persons in and around the volleyball court will use caution while participating and viewing said activities. I have also read and understand all rules associated with Winchester's Volleyball.

CAPTAIN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-CAPTAIN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**WAIVER FORM (CONT)**

I understand and agree that this waiver constitutes a full and complete release of liability and by signing this document I hereby discharge, Winchester's and it's owners, agents, servants, employees, assigned sponsors, and advertisers from any and all loss, claims for loss or responsibility for injury to me which may result from the use of the premises and/or equipment owned by Winchester's. I further understand and agree that all persons in and around the volleyball court will use caution while participating and viewing said activities. I have also read and understand all rules associated with Winchester's Volleyball.

PLAYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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BIRTHDATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*ALL WAIVERS MUST BE SIGNED AND SUBMITTED WITH A PHOTO ID IN PERSON AT WINCHESTERS BEFORE PLAYING\*\***