

Grass Fours Volleyball League Player Registration Form

LIABILITY RELEASE and MEDICAL TREATMENT CONSENT: I recognize that there are risks of personal injury, damage or losses involved in participating in athletic activities. Therefore, in consideration for participation in this recreational activity, I do hereby release the Grass Fours Volleyball League, including its Administrative Board Members and all active Players/Participants; the Town of Granby; the Granby Recreation Department and their employees and agents from all liability with respect to any injury or loss resulting from such activity. Signature on this registration form indicates recognition of those risks, willingness and ability to participate in this volleyball league, and consent to secure any necessary medical treatment in the event of an emergency.

PLAYER CODE OF CONDUCT: The Grass Fours Volleyball League is intended to be an enjoyable, recreational and enriching experience. Participants who are disruptive and negatively influence other players in the league or any park visitor will be required to permanently withdraw from the league. No refunds will be issued under these circumstances. Sportsmanlike conduct is expected of all players in the league. This conduct includes abiding by all rules and regulations of The Town of Granby Parks and Recreation Department and adherence to all State and Federal laws. Littering, use of profanity, use of alcohol or illegal drugs, harassment and breach of peace will not be tolerated. We also remind all players that the park speed limit of 15 mph will be strictly enforced by The Granby Police Department, and is intended to protect the children, pedestrians, pets and horse riders who frequent the park. The Administrative Board of this league will not hesitate to involve Law Enforcement officials should the need arise, for the safety and enjoyment of all players. Any conflicts that occur during play are expected to be resolved by team Captains exclusively. Inability to calmly resolve any dispute will result in a team or teams' forfeiture(s) of the game in process. Any questions regarding disputes and adherence to league standards and guidelines will be decided by a majority vote of the Administrative Board.

Signature on this form indicates that you understand and agree to the Liability Release, Medical Treatment Consent and Player Code of Conduct:

Name (Print): _____

Signature: _____

Date: _____

Please check the appropriate box:

Team Captain	<input type="checkbox"/>
Full/Part-Time player	<input type="checkbox"/>
Substitute	<input type="checkbox"/>

If checked, name of Captain or Team Name: _____