COMMUNITY EDUCATION AND RECREATION
2020 SAND VOLLEYBALL "SUB POOL" PLAYER CONTRACT: 5532.411

For this contract to be valid and accepted by the Rec & Ed office, it must be filled out completely and signed by the player. Substitutes may participate only on teams at their specified skill level and in leagues or divisions in which they are not already on a roster.

SUBSTITUTE POOL SEASON PLAYER FEE: $10.00

PLEASE PRINT:

1. NAME:_____ Gender: M F
(Last) (First)
2. ADDRESS:(HOME)_____
(Number and Street) (City) (Zip)
3. HOME TEL: _____ 4. WORK TEL:_____

5. CELL PHONE #: _____ 6. E-MAIL: _____

7. BIRTH DATE:_____ 8. AGE_____ 9. SKILL LEVEL (circle one): A B/C

Are you a female player age 21 & under who could sub in the U22 league? Yes No

DAYS YOU ARE AVAILABLE TO PLAY: (circle free nights) Mon Tue Wed Thurs Fri Sun ANY

I hereby agree to be a substitute player for the 2020 SAND ADULT VOLLEYBALL season. I understand that I am allowed to play as a sub on any team at my specified skill level in any league in which I am not already listed on a team's roster, according to the rules of Community Education & Recreation. I realize that signing up as a Substitute Player does NOT guarantee that I will be asked to play in any matches. I realize that if I am asked to join a team, any applicable late fees shall apply. I hereby give permission for my name and contact information to be posted on the Rec & Ed web site in order to be contacted.

ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY FOR INJURY BY PARTICIPANT:I hereby acknowledge that I have been properly advised, cautioned and warned by Community Education & Recreation that by participating in the sport of Adult VOLLEYBALL, I am exposing myself to the risk of injury, including, but not limited to, the risk of sprains, fractures, ligament, or cartilage damage which could result in temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport. Should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating. Furthermore, I realize that there is no Benefit Fund and I will assume personal responsibility in case of injury resulting from participation in this activity. Moreover, I realize that Community Education & Recreation does not necessarily guarantee the presence of trained medical personnel on site at every activity.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

My signature indicates that I have read and above ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY FOR INJURY for my child named above, who is under eighteen (18) years of age) and is a participant in this program.

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

The Ann Arbor Public School's Rec & Ed Department may take pictures or videos of youth and adult participants in any Rec & Ed activity, including team sports. Images may be used in Rec & Ed or school district promotional materials (brochures, catalog, website, social media). For your safety, names will never be used without permission. You (or your child's) enrollment in any activity with Rec & Ed indicates your approval. You may opt out by emailing dishman@a2schools.org.

PLEASE MAKE CHECKS PAYABLE TO AAPS and / or PLEASE COMPLETE IF PAYING BY CREDIT CARD:

Name _____
Print the name exactly as it appears on the credit card

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS Amount charged $ _____

Card # _____ Exp. Date: _____ Security Code: _____

Signature (required) _____

I agree to pay above total amount according to the card issuers agreement and the Community Education and Recreation Refund/Credit policy listed in the organizational notes.