

# Ontario Parks & Recreation Department

Receipt #: \_\_\_\_\_  
Amount \$: 300.00

Team Name: \_\_\_\_\_ League: Spring 2012

Please select which Division you wish to participate in:

Division I – Competitive

Division II - Recreational

## Agreement to participate in Coed Volleyball

1. I agree to participate in Coed Volleyball.
2. I recognize that participating in this program could be dangerous and result in serious injury or death.
3. I understand that I must comply with all rules and safety procedures involved with this program as established by the Ontario Recreation Department.
4. I agree to follow all rules and instructions from staff members and officials assigned to direct this program.
5. I certify that, to the best of my knowledge, my current physical condition is satisfactory for participation in this program, that I am free of any health problems which would endanger my participation, and that I will inform Ontario Recreation and the official(s) should my condition change at any time during my participation in this program.
6. I agree to furnish proof of current physical examination upon request.
7. I recognize that failure to comply with the above mentioned numbers 3, 4, 5, and 6 could result in dismissal from the program.

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### **CAPTAIN – Person to be contacted in case of any changes.**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CO-CAPTAIN – Person to be contacted, if cannot contact Captain.**

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **TEAM MEMBERS**

**3. Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7. Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8. Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**9. Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**10. Name:** \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_