

**WESTAMPTON / EASTAMPTON / MT. HOLLY / HAINESPORT  
RECREATION DEPTS. – WOMEN’S VOLLEYBALL  
2016 REGISTRATION FORM – AUTHORIZATION AND RELEASE**

**REGISTRATION DATE:** THURSDAY, OCTOBER 6, 2016    **TIME:** 6:00 PM – 8:00 PM  
**LOCATION:** WESTAMPTON MUNICIPAL BUILDING, 710 RANCOCAS RD.  
**REGISTRATION FEE:** \$10.00 PER PARTICIPANT

**PROGRAM INFORMATION:** This program will be held every Wednesday from 7 pm to 9 pm; at the Westampton Middle School Gym. Program will begin on November 16, 2016, and end on March 29, 2017. The program will not be held on days when schools are closed, including days closed early due to inclement weather. The program is open to all adults 20 years of age and older from Eastampton, Westampton, Mt. Holly, Hainesport, and surrounding towns as well. Participants who show up will choose teams and play. All participants will obey all rules and regulations pertaining to all Recreation departments' and schools' policies. Checks made payable to Westampton Rec.

**PLEASE PRINT – USE ONE FORM PER PARTICIPANT**

PARTICIPANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT & PHONE #: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Do you have any known allergies or medical conditions that need specific attention during the program? Please be very specific: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In agreeing to participate in this activity, as a participant, I affirm that my general health is good and that I am not adversely affected by exercise and am capable of performing an activity of this nature. In consideration of participating in this activity, I do hereby assume all risk of any injury to myself and will indemnify and hold harmless from any and all liability, actions, causes, claims, and demands of every kind of nature whatsoever that I have or which arises of or in connection with my participation in this activity, the County of Burlington, the townships mentioned above, their recreation departments and their township school boards, and all their officers, agents, employees, staff, volunteers, and successors. It is likewise assumed and agreed that the participants will wear proper clothing and protective equipment during the activity and that it is the responsibility of the participant to see these criteria are met. I also agree to allow transportation to the nearest physician or hospital for medical treatment and agree for immediate first aid if injured when deemed necessary. I also understand that the townships mentioned above do not provide accident insurance for any of their participants.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

ARE YOU INTERESTED IN BEING ONE OF THE PEOPLE HELPING RUN THE PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

ANY QUESTIONS, PLEASE CALL THE WESTAMPTON RECREATION OFFICE: (609) 267-1891 (EXT 8)

2016 Women's Volleyball Registration	<u>Do Not Write in This Box – For Accounting Purposes Only</u>		
For Office Use Only:	Amount Paid: _____	Cash: __	Check No.: _____
			Received By: _____