



Registration/Waiver Form

Co-ed Volleyball League –

Wednesday & Thursday's 5:30-9:30p (3 games nightly)

League Levels: Recreational (B) 6 on 6 (min. 2 ladies on court)
Competitive (A) 4 on 4 (min. 1 lady on court)

Team Fee: \$370 6on6, \$250 4on4

Sign Up Deadline: June 12

League Season: 8-10 weeks beginning June 15

More details email: SouthsideSportsCenter@gmail.com or visit:
www.kauaisportscenter.com

Contact Information: (Please print clearly)*

*Name: _____
First Last

*Email Address: _____

*Phone No.: _____

List any medical conditions: _____

*In Case of Emergency: _____ *Phone No.: _____
Name of Contact

Photograph/Media Consent, Waiver & Release:

Participants involved in any activities offered by Southside Sports Center(SSC) may be photographed or videotaped during activities. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the SSC website or other social media or promotional material. Initials: _____

Player Waiver & Assumption of Risk:

I understand that in consideration of being permitted to participate at Southside Sports Center and to use its equipment and facilities, on behalf of myself, my family, my heirs, and my assigns, I hereby release the Southside Sports Center, Kauai Christian Fellowship, its officers, employees, and agents from any and all liability for injury, death, negligence, or property loss suffered by me as a result of my participation in the program, using the facilities and its equipment, including travel to and from events or practices, or any way associated with participating in any and all program activities now or in the future.

I also acknowledge that I know, understand, and appreciate the inherent risks of participating in this program, using the facilities or the equipment and playing/participating at SSC. By execution of this agreement, I fully assume the inherent risks and/or injuries associated with SSC and assert that I am voluntarily participating in such activities. I understand that by signing below, I have read this release of liability, fully understand it, freely and voluntarily sign the same, and acting for myself, my heirs, personal representatives and assigns.

Signature: _____ Date: _____

Team roster if known: _____

If under 18, Parent/Guardian sign: _____ Print name _____

*Please hand in to Kauai Christian Fellowship office or Southside Sports Center office in gym if open