



Spring 2017 Adult Coed Volleyball League REGISTRATION APPLICATION

Team Name	
Previous Team Name (if changed)	
Manager Name	
Competitive League/Non-Competitive League	
Contact Number	
E-mail	
Mailing Address	
City / Zip	
Assistant Manager	
Assistant Manager Contact Number	

**** League Fees: \$240 per team****

All competitive league teams must keep a \$20.00 forfeit bond on account

Official Fees: \$10.00 collected prior to each game (Competitive league only)

**** Cash payments are not accepted. Check, money order or credit card payments only.****

Form of Payment (check one):

Check/Money Order (*make payable to the City of Santa Clarita*) Check Number _____

Credit Card Type: Visa _____ MasterCard _____ American Express _____ Discover _____

Card Number: _____ Exp. Date: _____

Security Code: _____ Cardholder's Signature: _____

<u>FOR OFFICE USE ONLY</u>		
Payment in Full: \$	Date:	
Deposit Paid: \$	Balance Due: \$	Date:
Balance Paid: \$	Date:	

I voluntarily agree to participate in this or these programs, or any extensions thereof. I hereby waive, release, and hold harmless from any liability for damages or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-named activity, against the Supervisor, the City of Santa Clarita and its elected and appointed officials, agents, and employees. I agree that the City of Santa Clarita will not assume responsibility for my injuries and that I am responsible for any and all costs incurred as a result of said treatment. I hereby give permission to the City of Santa Clarita Recreation and Community Services Department to use my photograph as they see fit in their seasonal recreational brochure or other advertising. I understand that all photographs belong to the City and I will not receive payment of any kind.

Manager's Signature _____ **Date** _____