

**AAPS COMMUNITY EDUCATION AND RECREATION
FALL 2014 - SPRING 2015 ADULT VOLLEYBALL PLAYER CONTRACT**

For this contract to be valid and accepted by the Rec & Ed office, it must be filled out completely and signed by the player.
For league play, you may participate on only one team in each program with the exception of CoRec 4's and Corec Instructional.

Fall contracts and roster must be submitted by **Wednesday, August 27, 2014**. If this contract is submitted **after Aug 27, 2014** it will be subject to a **\$2.00 late fee**. Any rosters & new contracts submitted after these deadlines will be **assessed \$2 for all players & subs on the roster**. Roster & new player contract deadlines: **Winter season: December 17, 2014. Spring Season: March 5, 2015.**

NON-RESIDENT FEES (for each player NOT residing within the boundaries of the Ann Arbor Public School District).

Fall 10-week season: \$5 per non-resident. Winter & Spring 7-week seasons: \$3 per non-resident.

PLEASE PRINT:

1. NAME: _____
(Last) (First) (E-Mail Address)
2. ADDRESS: (HOME) _____
(Number and Street) (City) (Zip)
3. HOME PHONE: _____ 4. EMPLOYER'S PHONE: _____
5. BIRTH DATE: _____ 6. AGE: _____
7. TEAM: _____ 8. LEAGUE: _____

This contract is valid for the 2014-2015 School year (September 1, 2014 - June 1, 2015). I understand that I am a member of this team until a release is obtained or by transferring under the rules of the Community Education & Recreation and grant permission to use photographs for presentation and commercial purposes. **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 the 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(s) 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, and 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 in the above sport. 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 the Community Education & Recreation does not necessarily guarantee the presence of trained medical personnel on site at every activity.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

CAPTAIN'S SIGNATURE: _____ DATE: _____

CAPTAIN'S DAY PHONE: _____ EVENING: _____

ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY FOR INJURY BY PARENT OR GUARDIAN, (to be completed by parent or guardian when the aforementioned participation is under eighteen (18) years of age): I hereby acknowledge that I have been properly advised, cautioned and warned by the Community Education & Recreation that by participating in the sport of VOLLEYBALL, my child, named above, may be exposed to the risk of injury, including but not limited to, the risk of sprains, fractures, ligament(s) 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. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury to my child named above which may result, I give my consent to my child, named elsewhere on this form, to participate in the Community Education & Recreation program. 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 the Community Education & Recreation does not necessarily guarantee the presence of trained medical personnel on site at every activity.

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

******For Office Use Only******

DATE: _____ AMOUNT: _____ INITIAL: _____

**PERSONAL CHECKS WILL ONLY BE ACCEPTED FROM THE TEAM CAPTAIN OR DESIGNATED PAYEE.
PLEASE MAKE CHECK PAYABLE TO ANN ARBOR PUBLIC SCHOOLS**