



Adult Co-Ed Volleyball League

Sundays beginning in mid-January

Green Tree Municipal Center Gym • \$20 per team

Each participant must sign the registration page indicating that they have read and understand the Statement of Understanding & Release, the Co-Ed Volleyball Rules, and the Green Tree Borough Adult Recreation Sports Code of Conduct.

Make checks payable to the Green Tree Borough.

Registration deadline: December 27, 2021


Team Name/Team Representative's Name _____

Address _____

Phone _____ E-Mail _____

Cell Phone: _____

Emergency Contact _____ Phone _____

| | | | | | | | | | | |
|---|--|--|----------------|--|--|----------|-------------------|----------|--|--|
| <input type="checkbox"/> Team (<i>Only full teams may register</i>) A team consists of 6-15 players. All team members MUST sign team application on reverse side. Cost: \$20 per team. Teams will be notified of playing schedule times in January when all teams are registered. |  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: right;">TOTALS:</td> </tr> <tr> <td style="width: 70%;">Volleyball Team of 6 to 15 players \$20/team</td> <td style="text-align: right; width: 30%;">\$ _____</td> </tr> <tr> <td>TOTAL DUE:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Cash or checks payable to Green Tree Borough.</td> </tr> </table> | TOTALS: | | Volleyball Team of 6 to 15 players \$20/team | \$ _____ | TOTAL DUE: | \$ _____ | Cash or checks payable to Green Tree Borough. | |
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| Volleyball Team of 6 to 15 players \$20/team | \$ _____ | | | | | | | | | |
| TOTAL DUE: | \$ _____ | | | | | | | | | |
| Cash or checks payable to Green Tree Borough. | | | | | | | | | | |

Green Tree Borough Statement of Understanding & Release

We, the members of the _____ group/team,

participating in the Green Tree Borough Adult Co-Ed Volleyball League, whose signatures appear on the other side of this page or at the bottom of this statement, as participants in the Green Tree Borough Co-Ed Volleyball League, each agree to release, absolve, indemnify and agree to hold harmless the Borough of Green Tree, its employees and officers for any and all claims arising out of any injury from such participation. We are fully aware that collisions are common, and that injuries can result. We accept the hazards of participation and the dangers of injury incident thereto including negligence or carelessness on the part of fellow players.

The Borough of Green Tree does not carry a hospitalization policy to protect participants in leagues/programs. All individuals are involved **AT THEIR OWN RISK**. Each player agrees to provide personal hospitalization while participating in any programs, and further, to hold the Borough of Green Tree harmless for any and all injuries or costs which pertain to their leagues/programs.

ALL TEAM MEMBERS MUST SIGN THIS FORM ON THE REVERSE SIDE. ALL TEAM MEMBERS MUST BE 18 YEARS OF AGE OR OLDER. BY SIGNING THIS FORM EACH TEAM MEMBER HEREBY AGREES THAT HE/SHE HAS READ THE ENTIRE FORM AND THAT HE/SHE FULLY UNDERSTAND ITS CONTENT.

Team Representative: _____ Date: _____

Submit registration and fees to the Green Tree Municipal Center, 10 W. Manilla Ave., Pittsburgh, PA 15220.
ALL FEES ARE NON-REFUNDABLE. SUBJECT TO MINIMUM PARTICIPATION.
Checks payable to Green Tree Borough.



Green Tree Borough Adult Co-Ed Volleyball Registration Green Tree Municipal Center Gym

Each team member **MUST** sign this form. All players **MUST** be 18 years of age or older.
Your signature indicates that you have read and understand the Statement of Understanding & Release.
Form and payment must be submitted to the Green Tree Administrative Office, 10 W. Manilla Ave., and signed by all team members.

Team Name: _____ Team Representative: _____

| | Name | Address | Phone | E-Mail | Signature of participant |
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