

# PLAYER DATA FORM

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

TEAM: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

BEEPER \_\_\_\_\_

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

PLEASE CHECK ANY OF OR ALL OF THE FOLLOWING THAT YOU WOULD LIKE TO RECEIVE INFORMATION ON IN THE FUTURE

TOURNAMENTS\_\_\_ OPEN PLAY\_\_\_ SKILLS CLINICS\_\_\_ OUTDOOR GRASS\_\_\_

INDOOR LEAGUE PLAY\_\_\_ CO-ED\_\_\_ MEN'S\_\_\_ WOMEN'S\_\_\_

OUTDOOR BEACH\_\_\_

I hereby agree to all risk and accept personal responsibility for any damages resulting from any injury, personal disability or death which may occur while participating in any Metro Volleyball activity. I waive my right to sue Metro Volleyball and its administrators, directors, coaches, referees and other employees of the organization from any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the above mentioned parties or otherwise.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_