

## APEX Indoor Volleyball League Team Sign Up Sheet

<b>Team Name:</b>	
<b>Coach Name:</b>	
<b>Coach Email:</b>	
<b>Coach Phone:</b>	

<u>Player First Name</u>	<u>Last Name</u>	<u>Email</u>	<u>Birth Date</u>	<u>Player/Parent Signature (Waiver Below)</u>

Waiver/Release

In enrolling at Apex Sports Zone, participant understands that he/she attending the programs and using Apex Sports Zone and the facilities does so at his/her own risk. Apex Sports Zone and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. She/he does hereby fully and forever release discharged hold harmless Apex Sports Zone, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Apex Sports Zone. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Apex Sports Zone to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Apex Sports Zone and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

**Please Mail with Full Payment to: Apex Sports Zone, 4565 Elida Rd, Elida, OH 45807**

STAFF INFORMATION ONLY

DATE \_\_\_\_\_ AMOUNT PAID ONLINE \_\_\_\_\_ AMOUNT LEFT TO PAY \_\_\_\_\_  
 PAYMENT METHOD \_\_\_\_\_ CHECK # \_\_\_\_\_ FACILITY MANAGER INITIAL \_\_\_\_\_