CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

VALLEY MUNICIPAL SPORTS OFFICE

6911 Laurelgrove Avenue North Hollywood, California 91605
Ph: (818) 756-8073 Fax: (818) 764-5794
e-mail: volleyball.munisports@lacity.org
League Website: www.laparks.org/dos/sports/volleyball.htm

PLAYER ADD/DROP FORM

Volleyball **DATE: _____/_____/_____**

TEAM NAME: _____ **LEAGUE #: _____**

MANAGER: _____ _____ **DAY TIME PHONE#: (_____)_____**

↓ LAST NAME FIRST NAME↓

↓ADDRESS (Please Include Apt. # if applicable)

↓ WORK PHONE ↓ HOME PHONE

↓DRIVER'S LICENSE NUMBER SIGNATURE↓

↓ LAST NAME FIRST NAME↓

↓ADDRESS (Please Include Apt. # if applicable)

↓ WORK PHONE ↓ HOME PHONE

↓ DRIVER'S LICENSE NUMBER SIGNATURE↓

↓ LAST NAME FIRST NAME↓

↓ADDRESS (Please Include Apt. # if applicable)

↓ WORK PHONE ↓ HOME PHONE

↓ DRIVER'S LICENSE NUMBER SIGNATURE↓

ALL TEAM PLAYERS MUST READ THE OFFICIAL LEAGUE WAIVER STATED BELOW AND SIGN.

RELEASE AND WAIVER FORM

All participants are required to assume all risk by signing this general release. I understand that the risks I assume by participating in the Municipal Sports Program include, but are not limited to serious head and other bodily injuries. In consideration of receiving permission to participate in the Municipal Sports Program, I hereby release the City of Los Angeles, and all of its officers and employees from all liability for any personal injury, death or damage of any kind arising from or related to my participation in the Municipal Sports Program. No oral representations, statements or inducements apart from this written waiver have been made. My decision to participate in the Municipal Sports Program is voluntarily assuming all risk or loss, damage, or injury including death that may occur through my participation in the Municipal Sports Program. I understand that by signing this release and waiver, I am giving up the right for myself and/or my family or heirs to sue the City of Los Angeles, and its officers and employees for injuries resulting from participation in the Municipal Sports Program.

I agree to abide by all RULES and REGULATIONS governing Municipal Sports – which includes any disciplinary measures, fines or suspensions levied by the MUNICIPAL SPORTS EXECUTIVE COMMITTEE.

_____ _____ _____
Name of Team League Number Division

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

NAME OF ADDED PLAYER(S) (Please Print)	SIGNATURE	DATE
1.		
2.		
3.		

DROP THE FOLLOWING PLAYERS:	
1. PRINT NAME:	**DATE DROPPED:**
2. PRINT NAME: _____	**DATE DROPPED: _____**

Revised 8.12.08