

**Jacksonville Parks and Recreation
Co-ed Volleyball League Registration Form**

Captains Name _____ Team Name _____
 Email Address _____ Cell # _____
 Address (complete) _____
Street City/state Zip

BY SIGNING BELOW YOU HAVE AGREED TO ALL REGULATIONS AS SET FORTH FOR THE JACKSONVILLE COMMUNITY CENTER VOLLEYBALL LEAGUE

Team coach/ Rep. Date

JPR Staff Receipt Number

Jacksonville Parks and Recreation Dept. Liability Release

I hereby release and forever discharge the Jacksonville Parks and Recreation department, the City of Jacksonville, and their employees from any and all manner of claims, causes of action, or liability, which may exist or may exist at any time in the future, arising out of or pertaining to any injury, loss, damage, or harm of any kind which has, will or may result or occur while participating in this program.

	Name	Shirt Size	Signature
1			
2			
3			
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10			

