

2015 OFFICIAL SAND VOLLEYBALL ROSTER

PLAYER CONTRACT AND AGREEMENT

I, **THE UNDERSIGNED**, hereby agree to play with the said team during the current season, or until I am given my release in writing by said team and same is recorded in the office of the Canton Joint Recreation District. I promise to abide by the rules and regulations/policies of the Canton Joint Recreation District and the league to which the said team is a member. I hold harmless the Canton Joint Recreation District, Officials, City of Canton, Canton Park District, or their agents, employees, volunteers, and my backer of any financial responsibility due to injuries or property damage while playing or practicing.

I, understand I must pay all hospital and/or ambulance costs incurred. I further understand that if I am injured or the situation necessitates the calling of any medical services and the use thereof, I hold full responsibility for any liabilities arising out of these services and will not hold the Canton Joint Recreation District, Officials, City of Canton, Canton Park District, nor any constituent thereof responsible. I grant permission to have emergency first aid to be administered in case of injury incurred.

I, maintain that I have read this agreement and acknowledge responsibility for all above statements.

(PLEASE PRINT)

NAME:	
ADDRESS:	
CITY:	ZIP:
HOME PHONE:	WORK PHONE:
CELL PHONE:	E-MAIL:

Signature of Player

Team

PLAYER RELEASE: (FOR OFFICE USE ONLY)

DATE: _____ MANAGER SIGNATURE: _____

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