North Peninsula Recreation Service Area

Adult Coed Volleyball League 2022

TEAM NAME _____

NAME OF PLAYER_____

DATE OF BIRTH: _____ **MALE:** ☐ **FEMALE:** ☐

MAILING ADDRESS_____

CITY_____ **ZIP**_____

PHONE NUMBER_____ **CELL PHONE**_____

EMAIL ADDRESS_____

REGISTRATION DEADLINE: February 28th

Service Area Member- $50/participant

Non-Service Area Member- $60/participant

($10/participant Late Fee after February 28th)

Make Check Payable To: NPRSA

Please read this information carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor might sustain as a result of participating in any and all activities connected with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with this program/activity. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participating in this program/activity against the North Peninsula Recreation Service Area, Kenai Peninsula Borough, directors, officers, and employees.

I do hereby release and forever discharge the North Peninsula Recreation service area from any and all claims for injuries, damages or loss that I may have, or which may accrue to me and arising out of, connected with, or in any way associated with this program/activity.

NPRSA has my permission to use photos taken of me during this event to publish in print or electronic format, promotional literature, advertising and other similar ways including on our website and/or social media.

I Have Read and Understand the Conditions

Participant's Printed Name _____

Participant's Signature _____ Date _____

NPRSA STAFF ONLY:

Paid: YES NO Cash_____ Check#_____ Staff Initial_____

North Peninsula Recreation

Consent To Treat

This is to certify that on this date, I _____give my consent to North Peninsula Recreation S.A. and its medical representatives to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in the scheduled activity or event.

If said athlete is covered by any insurance company, please complete the following:

Name of Carrier: _____

Address: _____

Policy Number: _____

****Signed**: _____

Relationship to Participant: _____

Home Address: _____

Emergency Phone: _____

North Peninsula Recreation does not provide insurance for this activity or event. You participate in this activity at your own expense, with or without insurance.

Medical History Form

Name: _____ Date:_____

Address: _____ Birthdate: _____

Daytime Phone: _____ Evening Phone: _____

Who To Contact In Case Of An Emergency?

Name: _____ Relationship: _____Phone Number_____

Physician's Name: _____Phone Number_____

Hospital of Choice: _____

Please Complete the Following:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for the proper first aid treatment. Have you had (or do you presently have) any of the following?

- ☐ Head injury (concussion, skull fracture)
- ☐ Fainting spells
- ☐ Convulsions/epilepsy
- ☐ Neck or back injury
- ☐ Asthma
- ☐ High Blood Pressure
- ☐ Kidney problems
- ☐ Hernia
- ☐ Diabetes
- ☐ Heart murmur
- ☐ Allergies

Specify:_____

Injuries to:

- ☐ Shoulder
- ☐ Knee
- ☐ Ankle
- ☐ Fingers
- ☐ Arm
- ☐ Other
- ☐ Impaired vision

Impaired hearing

Other: _____

Are you currently taking any medications? _____ What? _____ Why? _____

Has the doctor placed any restrictions on your activity? _____

Participant Signature _____ Date_____