

# CITY AND BOROUGH OF SITKA

A COAST GUARD CITY

## PARKS AND RECREATION

100 Lincoln Street | Sitka, Alaska 99835

[www.cityofsitka.com](http://www.cityofsitka.com)

[recreation@cityofsitka.org](mailto:recreation@cityofsitka.org)

907-747-4031

## City League Volleyball: Player Registration

2024

### Player Information:

Name			
Phone			
Email			
Team Name & Sponsor (if known)			
Do you want to be in a player's pool?	Yes / No		
If yes, what division?			

### Emergency Contact Information:

Name			
Phone			
Email			

### \$71.43/per player plus tax (\$75) payment can be made:

- By card at the City and Borough of Sitka (CBS) Parks and Recreation office at Blatchley Middle School (BMS) between 2:30pm-4:45pm Mon-Thurs
- By cash or check at the CBS Parks and Recreation office at BMS between 2:30pm-9:00pm Mon-Thurs

City League starts February 4 - **registration form and payment must be received prior to play.**

For more information, contact Parks and Recreation at [recreation@cityofsitka.org](mailto:recreation@cityofsitka.org) or 907.747.4031

### FOR OFFICE USE ONLY

Amount Paid		Method	
Date		Staff	

**WAIVER AND RELEASE OF LIABILITY:**

I, the undersigned player/non-player, acknowledge, agree, and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the City and Borough of Sitka (CBS) volleyball team and league indicated on this form.
2. I understand that there are certain risks and hazards involved in participating in volleyball that may result in injury or death to me or other players, including, but not limited to those hazards associated with playing conditions, equipment, and other participants.
3. I understand that the very nature of the game of volleyball is hazardous and risky, including, but not limited to, the acts of spiking, diving, and collision with other players and with stationary objects all of which can cause serious injury or death to me and to other players.
4. If non-player, to comply with local insurance requirements, I will be required to pay a fee, if applicable, and sign this waiver to be in the gym, whether it's to be a coach, scorekeeper, spectator, referee, open gym attendee or for any other reason.

Further, I the undersigned player/non-player, agree that in consideration for the right to participate as a member of the team designated and in consideration for permission to play in the gym arranged for by the team or league:

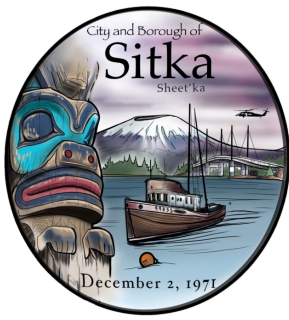
1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the gyms arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and CBS, the gym owner or other entity designated below, or their owners, agents, servants, associations, employees, or any person or entity connected with the team, league, or gym for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I am voluntarily participating in the program written above. In return for the opportunity to participate, I voluntarily for myself waive, release indemnify and hold harmless the City of Sitka and its officers and employees from any liabilities, claims, damages, injuries, losses, and expenses including reasonable attorney's fees and costs whatsoever, including those for personal injury, death, or property damage, which may arise from or in connection with participation in this program. This release shall remain in effect until cancelled in writing.

Team Captains: I will transmit the league rules to the members of my team and agree that my team will abide by said rules. I will be the official contact between the CBS and the members of my team. I agree that my contact information will be public information. I will ensure team and player fees are paid on time or face possible game forfeit. I agree it is my responsibility to make sure players agree to the waiver prior to first game and are in good standing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## City League Volleyball Media Release

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When participating in City and Borough of Sitka (CBS) Parks and Recreation activities, I (or the person I am registering) give consent to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats for CBS Parks and Recreation. The images will be the sole property of CBS Parks and Recreation. I hereby release and hold harmless CBS Parks and Recreation from any claim arising from the use of these images.

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Signature

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Date