

# League Registration



Captain's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Circle One: Member Non-Member T-Shirt Size (Adult): S M L XL XXL**

### Programs

**Circle One:**                      **Volleyball**                      **Basketball**                      **Pickleball**  
    **Squash**                      **Racquetball**                      **Other** \_\_\_\_\_

Does the participant have any special needs or physical considerations the instructor should be aware of? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**EXPRESS ASSUMPTION OF RISK:** I, the undersigned, hereby expressly and affirmatively state that I wish to participate in the above circled program at The Wave.

I realize that my participation involves risks of injury, including but not limited to strains, sprains, heart attack, stroke or even death. I also recognize that there are many other risks of injury, including serious disabling injuries that may arise due to my participation in these activities. I understand it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of my participation.

I have read the **Express Assumption of Risk** information and fully understand the content.

\_\_\_\_\_  
Signature of Participant, Parent or Legal Guardian

\_\_\_\_\_  
Date

**RELEASE OF LIABILITY:** I have read, completed and understand this registration. Any questions I had were answered to my full satisfaction. I understand the potential risk of illness, injury or aggravation of pre-existing conditions. I consent to emergency treatment, including the administration of whatever medication deemed necessary by emergency medical personnel for my care in the event of injury or illness. I understand the performance of any exercise is my responsibility and **NO EXERCISE IS MANDATORY**. With this understanding I release The Wave, its agents, and employees from liability associated with my own negligence in participating in my exercise program.

I have read the **Release of Liability** information and fully understand the content.

\_\_\_\_\_  
Signature of Participant, Parent or Legal Guardian

\_\_\_\_\_  
Date

Feel free to contact our League Manager, Carrie Lamb at 406.862.2444 or email [carrie@whitefishwave.com](mailto:carrie@whitefishwave.com), with questions or concerns regarding our programs. We are looking forward to working with you.

# TEAM REGISTRATION - PLAYER ROSTER

- 6 ON 6 CO REC VOLLEYBALL
- MONDAY NIGHTS
- GAME TIMES: 6/7/8/9 PM
- START DATE: OCT 1ST

TEAM NAME: \_\_\_\_\_

CAPTAIN NAME: \_\_\_\_\_

**Contact: Carrie Lamb, League Supervisor**  
 Phone: (406) 212-1146  
 Email (preferred): [carrie@whitefishwave.com](mailto:carrie@whitefishwave.com)

Payment: CASH or CHECK - \$125.00 Payable to: The Wave Aquatic & Fitness Center

Paid:                      Yes                      No  
 Date Paid \_\_\_\_\_

<i>NAME</i>	<i>SIGNATURE</i> EXPRESS ASSUMPTION OF RISK	<i>SIGNATURE</i> RELEASE OF LIABILITY	<i>DATE</i>	<i>PHONE NUMBER</i>	<i>AGE</i>	<i>T-SHIRT</i> <i>SIZE</i>