APPLE ATHLETIC CLUB

League Registration

Racquetball

Name _____

Address _____City_____ State_____ Zip_____

Phone (Cell)_____ (Home)_____ Email(needed)_____

Doubles Partner_____

Division

Divisions: (please check all you would like to play)

Men's	**Women's**	**Doubles**
☐ Open	☐ Women's	☐ Open/A
☐ A		☐ B/C
☐ B		☐ Mixed
☐ C		
☐ **Juniors**		

Total Enclosed (circle one) $25 Member $35 Non $5 Each Additional Event

Basketball/Volleyball (circle one)

Coed Volleyball Women's Volleyball Adult Men's Basketball High School Basketball

Team Name _____ Team Captain _____

Address _____City_____ State_____ Zip_____

Phone (Cell)_____Email (needed)_____

Member or NON	**Player Name**	**Email**	**Phone #**	**Signature** (Parent Signature if under 18)

WE (I) THE UNDERSIGNED in consideration for the privilege of participating in the Apple Athletic Club Adult Volleyball League **DO HEREBY AGREE** to release Apple Athletic Club and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injuries or property damage that may be sustained as a result of participation in the league. Also, we grant permission to use our participation in connection with any and all promotion of Apple Athletic Club, perpetuity, and without any further consideration, monetary or otherwise. We understand all the rules and deadlines.

Player Signature _____ **Date** _____