BORGER COMMUNITY ACTIVITY CENTER (BCAC)
FALL 2018 ADULT VOLLEYBALL PLAYER'S CONTRACT

For this contract to be valid and accepted by the BCAC office, it must be filled out completely and signed by the player and accompanied by the appropriate fee. For league play, you may participate on only one team in each program.

Team Fees, Contracts and Rosters due by September 17th, 2018 (a $2.00 late fee will be charged after the deadline)

Deadline for adding players: The last date to add a player is Friday October 5th, 2018.
Deadline for dropping / transferring players: The last date to drop/transfer a player is Friday, September 28th, 2018.

PLEASE PRINT:

1. NAME:_____
(Last) (First) (Middle)

2. ADDRESS: (HOME)_____
(Number and Street) (City) (Zip)

3. PHONE: _____ 4. EMAIL:_____

5. BIRTH DATE: _____ 6. AGE: _____

7. TEAM: _____ 8. LEAGUE:_____

9. T-SHIRT SIZE (please circle one): S M L XL XXL XXXL. (Shirt sizes needed for championship awards)

I understand that I am a member of this team until a release is obtained or by transferring under the rules of the Borger Community Activity Center (BCAC) and grant permission to use photographs for presentation and commercial purposes. ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY FOR INJURY BY PARTICIPANT: I hereby acknowledge that I have been properly advised, cautioned and warned by the Borger Community Activity Center (BCAC) that by participating in the sport of Adult VOLLEYBALL, I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures, ligament(s) or cartilage damage which could result in temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport. Furthermore, I realize that there is no Benefit Fund and I will assume personal responsibility in case of injury resulting from participation in this activity. Moreover, I realize that the Borger Community Activity Center (BCAC) does not guarantee the presence of trained medical personnel on site at every activity.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

CAPTAIN'S SIGNATURE: _____ DATE: _____

*ONLY FILL OUT THIS IF YOU ARE UNDER THE AGE OF 18. **PLAYERS MUST BE A MINIMUM OF 16 TO PARTCIPATE.***
My signature indicates that I have read and above ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY FOR INJURY for my child named above, who is under eighteen (18) years of age) and is a participant in this program.

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

The Borger Community Activiy Cener (BCAC) may take pictures or videos of youth and adult participants in any Rec & Ed activity, including team sports. Images may be used in Rec & Ed promotional materials (brochures, catalog, website, social media). For your safety, names will never be used without permission. You (or your child's) enrollment in any activity with Rec & Ed indicates your approval. You may opt out by emailing djudd@fpctx.edu

**********_For Office Use Only_**********

DATE: _____ AMOUNT: _____ INITIAL: _____

PERSONAL CHECKS WILL ONLY BE ACCEPTED FROM THE TEAM CAPTAIN OR DESIGNATED PAYEE.

CAPTAINS AND MANAGERS, PLEASE MAKE CHECK PAYABLE TO FRANK PHILLIPS COLLEGE.