



- **Co-Ed Adult Volleyball SESSION #1**
- **Monday's January 5th - February 9th**
 - **(6 week session)**
 - **6:00 PM to 8:00 PM**
- **\$20.00 Membership Fee/\$4.00 Day Pass**

NAME_____

PHONE #_____

EMAIL _____

ADDRESS_____ **CITY**_____ **ZIP**_____

EM. CONTACT_____ **PHONE #**_____

In consideration of your accepting myself, my child's or ward's entry, I hereby for myself, my child or ward, waive and release any and all rights and claims that I, or my child or ward may have against the City of Crosslake, it's servants, agents or employees, for any and all injuries or other damage arising out of or connected with participation in the above activities. I further agree and consent to emergency treatment of myself, my child or ward by physician or hospital.

The City of Crosslake is asking you to provide information which includes private information under the Minnesota Government Data Practices Act. This information will be used to enroll you in the program, in the administration of the program, and for emergency purposes. You are not legally required to provide the information the City is requesting and you may refuse to provide some or all of the information requested. However, the City may not be able to enroll you in the program if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to City Employees and Volunteers involved in the program. However, state and federal law authorize release of private information without your consent if required by a court order, or permitted by other state or federal law.

SIGNATURE_____ **DATE** _____

Paid Member_____ **Day Pass**_____