

Nome Co-Ed City League Volleyball: Fall 2025 Player Contract

Team Name: _____

Player Name: _____

Phone #: _____

Email: _____

Please Read Below

I agree to play for the above team in accordance with the rules and regulations of the Nome Volleyball League. I have read, understand, and will abide by the rules and regulations set forth in the Nome City League Co-Ed Volleyball Handbook.

I will display good sportsmanship and will be responsible for my actions both on and off the court. I will be responsible for payment of any and all fines that I may incur through my actions both on and off the court.

I understand and accept the element of risk of physical injury through participation in the sport of volleyball (including but not limited to muscle sprains and strains, lacerations, concussions, trauma, etc.) I further understand that I am participating in this league at my own risk. I further understand that there is no medical insurance provided by Nome City League Volleyball, the Nome Recreation Center, the City of Nome Department of Parks and Recreation, or the City of Nome for this program. I am aware that should I get injured I am fully responsible for any and all medical costs that may arise because of participation in this program.

I hereby release Nome City League Volleyball, the Nome Recreation Center, the City of Nome Department of Parks and Recreation, and the City of Nome and their agents, employees and volunteers from any and all liability arising from any injuries sustained, directly or indirectly, from participating in Nome City League Volleyball.

Player Signature: _____ Date: _____

Captain Signature: _____ Date: _____

Paid in full: YES NO Date: _____ NRC Staff Initial: _____

Player Fee: \$65

Late Player Fee: \$80

Player Fee Due September 12th