

2010 Summer Sand Volleyball

Fun in the Sun and Sand.

Come out and play on the best sand in the state....
Thursday's, June 24th through Aug. 12th

A ~ 2-person team [at least 1 female on the court]
B ~ 4-person teams [at least 1 female on the court]
Game times: Starting at 5:45pm based on teams.

Cost: 2 Person \$50
Cost: 4 Person \$75

Where: Vail Athletic Field Sand Courts.

2009 USA Volleyball Rules: Rally Scoring
8 game min per team

Register through June 17th or until league fills up.
Questions? Call Beth at 479-2280 or email at bpappas@vailrec.com.

Send with payment to:

VRD Sports
700 S. Frontage Road East
Vail, CO 81657
Or FAX 479-2281

Manager _____ Assistant Manager _____

Team Name _____ League _____

Manager Phone (H) _____ Assistant Phone (H) _____

Mailing Address _____ City/Zip _____

Email _____ Assistant Email _____

Credit Card _____ Exp. _____

RELEASE OF LIABILITY

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows:

I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child are in good health and physically able to participate in said activity. I agree to waive and release the Town of Vail/or the Vail Recreation District and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the Town of Vail and/or the Vail Recreation District. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs and such photographs may be used to publicize activities.

Signature _____ Date _____

