



RENAISSANCE CLUB

OF

North Tonawanda, NY 14120

VOLLEYBALL PLAYER APPLICATION FOR MEMBERSHIP

I, the undersigned, hereby apply for Membership in the
Renaissance Club of North Tonawanda, Inc.

DATE: _____

Please PRINT & complete ALL information

FULL NAME: _____

ADDRESS: _____

Number & Street name

City, State, & Zip Code

Date of Birth: _____ Cell phone #: _____

Email Address: _____

If accepted, I will comply with all the rules, regulations, and bylaws of the **Renaissance Club** of North Tonawanda.

Signature of applicant: _____

Night Playing Volleyball: _____

Team: _____

Signature of Sponsor (Team Captain): _____

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**New Player → \$25.00 APPLICATION FEE**      Date: \_\_\_\_\_

**\$35.00 Yearly Dues** /Received: \_\_\_\_\_

Membership Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

# RELEASE AND ASSUMPTION OF RISK

Please read, date, & sign below

I agree to release and hold harmless the **RENAISSANCE CLUB of North Tonawanda, Inc.**, including its board, officers, representatives, and Employees, from any and all liability for any harm, personal injury, or other damage resulting from my participation in activities organized by the **RENAISSANCE CLUB**, including all risks, whether foreseen or unforeseen, involved in the activities. This shall include, but not be limited to, a claim for negligence, fault, or neglect of the **RENAISSANCE CLUB**.

I understand that participation in the activities will require physical exertion and potential collisions. I understand that these activities have an inherent risk of serious personal injury or even death.

I understand that I participate in the activities at my own personal risk.

I understand that the **RENAISSANCE CLUB** will **NOT** be held responsible for any injuries or damages resulting from such participation.

This release is binding upon me, my heirs, executors, administrators, and assigns.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Clearly Print Name