

Spring '25 Volleyball

Volleyball League - Competitive (Age 16+)

Spring '25 Volleyball

Tuesdays 6:00-10:00 Starting February 25th

Registration
Rules**** Registration February 3rd-14th ****

is required at time of registration. NO EXCEPTIONS!

Minimum of 4 players required to register.

League fee payment

****Participants 17 and Under****

All participants 17 and under are required to provide proof that they and their parent(s) are concussion certified. To get certified, athletes and parents need to watch a concussion education video which can be found on our website, under Save the Brain. Please take the test and email to league coordinator at asempf@logan.org, or print off certificate and bring with you to registration. Thank you!

Member Pricing

\$45.00/person

Non-Member Pricing

\$55.00/person

Team Name:** _____Team Captain:** _____***Email Address:** _____***Phone:** _____**Address:** _____**City:** _____**Zip:** _____****League Coordinator will communicate to team captains exclusively by email.******STAFF USE ONLY**

	First Name	Last Name	Phone	Email Address	Member	Non-Member	Concussion Certified
1							
2							
3							
4							
5							
6							
7							
8							
9							

ALL PARTICIPANTS MUST SIGN WAIVER BEFORE PLAYING - SEE ON BACK

LOGAN
HEALTH

205 Sunnyview Lane, Kalispell MT 59901

www.logan.org/fitness

(406) 751-4100

Waiver and Release of Liability



All team members must read and sign this waiver. Team captain should witness and initial all signatures.

I desire to engage voluntarily in an exercise program at Logan Health Medical Fitness Center to improve my physical fitness. I may voluntarily engage in exercise assessments to evaluate my physical fitness.

I understand there is a risk of abnormal cardio respiratory response during and following exercise. I understand that I am responsible for monitoring my own condition through exercise, and agree to stop exercise and inform an instructor or team captain should any unusual symptoms occur. I understand that I can discontinue participation in this exercise program at any time.

Medical clearance is recommended before beginning an exercise program. If medical clearance is specifically requested prior to beginning this program, I will consult my physician and obtain said clearance prior to beginning my exercise program.

I have read this form and understand the nature of the exercise program and fitness assessment. My questions have been answered to my satisfaction. I agree to assume the risk of such exercise, and agree to hold harmless Logan Health Medical Fitness Center, their staff members, and their corporate ownership, for any untoward physical complications or injuries I may suffer as a consequence of engaging in physical activity.

I acknowledge unsportsmanlike conduct may result in suspension for game(s), or even eviction from the league without a refund.

In consideration of the acceptance of this form, I the undersigned, for myself my heirs, executors and administrators, waive and release any and all rights and claims I may have against the event officials and sponsors for photo, video, personal damages or injuries arising out of my participation in this event. I attest and verify that I have full knowledge of the risks involved in this event and that I am physically fit and sufficiently trained to participate.

	First Name	Last Name	Signature (Parent/Guardian Signature REQUIRED for participants under 18 years of age)	Date	Team Captain
1					
2					
3					
4					
5					
6					
7					
8					
9					

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