



DEDICATED TO ENRICHING THE LIVES OF CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES



VOLLEYBALL CHALLENGE BENEFITING THE ANN STORCK CENTER SATURDAY, DECEMBER 3, 2022 270 N POMPANO BEACH BLVD POMPANO BEACH, FL 33062

# RELEASE FORM

TEAM NAME: \_\_\_\_\_

I HEREBY RELEASE AND DISCHARGE ANN STORCK CENTER, AND ALL SPONSORS OF THE DECK THE VOLLEYBALLS 2022 VOLLEYBALL CHALLENGE, FOR ALL CLAIMS AND DAMAGE, DEMANDS AND ACTIONS WHAT SO EVER IN ANY MANNER ARISING FROM AND GROWING OUT OF MY PARTICIPATION IN THE VOLLEYBALL CHALLENGE TO BENEFIT ANN STORCK CENTER HELD ON SATURDAY, DECEMBER 3, 2022.

I ATTEST AND VERIFY THAT I AM 18 YEARS OF AGE OR OLDER, (OR MY GUARDIAN HAS SIGNED FOR ME) THAT I HAVE FULL KNOWLEDGE OF THE ROSKS INVOLVED AND THAT I AM PHYSICALLY FIT AND CABLE OF PARTICIPATING IN THIS ACTIVITY.

NAME:\_\_\_\_\_ SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_
NAME:\_\_\_\_\_ SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_
NAME:\_\_\_\_\_ SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_
NAME:\_\_\_\_\_ SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_
NAME:\_\_\_\_\_ SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

PLEASE RETURN SGINED RELEASE AND TEAM REGISTRATION FORM TO PMURPHY@ANNSTORCKCENTER.ORG OR MAIL TO ANN STORCK CENTER ATTENTION PAT MURPHY 1790 SW 43RD WAY FORT LAUDERDALE, FL 33317

ANNSTORCKCENTER.ORG/DECKTHEVOLLEYBALLS



DEDICATED TO ENRICHING THE LIVES OF  
CHILDREN AND ADULTS WITH  
DEVELOPMENTAL DISABILITIES



VOLLEYBALL CHALLENGE  
BENEFITING THE ANN STORCK CENTER  
SATURDAY, DECEMBER 3, 2022

270 N POMPANO BEACH BLVD POMPANO BEACH, FL 33062

## TEAM REGISTRATION FORM

COMPANY NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

TEAM CAPTAIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DIVISION (PLEASE CHECK ONE).  COMPETITIVE  RECREATIONAL

PLEASE LIST ALL PLAYERS, THEIR EMAIL ADDRESS AND SHIRT SIZE BELOW

CAPTIAN NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PLAYER 1 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PLAYER 2 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PLAYER 3 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PLAYER 4 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

WE ASK THAT EACH PARTICIPANT BRING ONE OF THE FOLLOWING. PLEASE CHECK ONE

\$50 GIFT CARD BROUGHT DAY OF EVENT

CARDS WILL BE GIVEN TO STUDENTS AND RESIDENTS OF ANN STORCK CENTER  
(SUGGESTED CARDS: AMAZON, WALMART, TARGET, VISA, MASTERCARD, AMERICAN EXPRESS)

\$50 MINIMUM DONATION TO THE ANN STORCK CENTER VIA CREDIT CARD AT:  
[RB.GY/ONNR04](https://rb.gy/onnr04)

\$50 MINIMUM DONATION VIA CHECK MADE PAYABLE TO ANN STORCK CENTER AND MAIL TO:  
ANN STORCK CENTER ATTENTION DEVELOPMENT 1790 SW 43RD WAY FORT LAUDERDALE, FL 33317

PLEASE RETURN SIGNED RELEASE AND TEAM REGISTRATION FORM TO  
[PMURPHY@ANNSTORCKCENTER.ORG](mailto:PMURPHY@ANNSTORCKCENTER.ORG) OR MAIL TO  
ANN STORCK CENTER ATTENTION PAT MURPHY 1790 SW 43RD WAY FORT LAUDERDALE, FL 33317

[ANNSTORCKCENTER.ORG/DECKTHEVOLLEYBALLS](https://ANNSTORCKCENTER.ORG/DECKTHEVOLLEYBALLS)