



# NORTH KINGSTOWN RECREATION COED VOLLEYBALL AGES 16+ Fall 2025-2026



*Where the spirit of service and spiking lives on! Come enjoy a night out with friends of old and new while getting good exercise and relieving stress!!*

**No experience is necessary**

**Monday evenings: 7 pm – 9 pm   September 8, 2025 through June 8, 2026**

**Davisville Middle School is located at 200 School Street**

*Volleyball play does not take place on holidays, school breaks or closures due to inclement weather. An occasional scheduling conflict with the school may arise.*

*In all cases, participants will be notified as soon as possible.*

**Fee: \$120 - North Kingstown residents (\$ 135 – Non-resident)**

**PRE-REGISTRATION IS REQUIRED - NO DROP INS - Registration deadline is September 6, 2025**

***If you are experiencing symptoms of illness, please stay home***

**Several ways to register and to contact us with questions or concerns:**

**✉ 100 Fairway Drive North Kingstown RI 02852**

**✉ [jblais@northkingstownri.gov](mailto:jblais@northkingstownri.gov)**

**✉ 80 Boston Neck Road M-F 8:30 to 4:30pm**

**📞 401-268-1540**

**✉ Weather cancellation line 401-268-1543**

**🌐 <https://secure.rec1.com/RI/north-kingstown-ri/catalog>**

\*\*\*\*\*PLEASE PRINT CLEARLY\*\*\*\*\*

**NORTH KINGSTOWN RECREATION ADULT VOLLEYBALL 2025-2026 FALL**

**CHECKS MADE PAYABLE TO TOWN OF NORTH KINGSTOWN**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ M F

MEDICAL PROBLEMS (allergies, inhaler etc.) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Zip Code \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ RECEIVE TEXT NOTIFICATIONS? Y N      *\*\*Text feature may be of importance for weather*

ALTERNATIVE PHONE \_\_\_\_\_ RECEIVE TEXT NOTIFICATIONS? Y N      *cancellations if you do not review email often*

EMAIL \_\_\_\_\_ @ \_\_\_\_\_

Email preferences: check here if you do not want to receive NK Recreation notices related to this and other programs, as well as events

EMERGENCY CONTACT name/phone \_\_\_\_\_

**ONE Emergency contact is mandatory, for additional please write a note or email to the office with contact information above.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



TOWN OF NORTH KINGSTOWN RECREATION DEPARTMENT

100 Fairway Drive North Kingstown, Rhode Island 02852

Phone (401) 268-1540

**MINOR'S CONSENT (age 16-18) TO PARTICIPATE CODE OF CONDUCT  
AND HOLD HARMLESS AGREEMENT AND RELEASE**

I, (Print Name of Minor's Parent or Legal Guardian) \_\_\_\_\_ state that

(Print Minor's Legal Name) \_\_\_\_\_ (hereafter referred to as "the minor") the minor wishes to participate in (Print Name of Event or Program)

\_\_\_\_ **COED VOLLEYBALL PROGRAM** \_\_\_\_ sponsored by the North Kingstown Recreation Department (the "Recreation Department").

The minor's parent(s) or guardian(s) understand that participation in the above event or program is VOLUNTARY and that the minor does not have to participate. It is understood that the event or program involves activities which could result in injury to the minor's person or damage to the minor's property, and that by participating, the minor's parent(s) or guardian(s) voluntarily accept and assume the risk of injury to the minor or damage to the minor's property and consent the minor's participation in the event or program.

It is understood that the Recreation Department DOES NOT provide any insurance coverage for the minor's person or property; and minor's parent(s) or guardian(s) acknowledge that they are responsible for the minor's safety and the minor's own health care needs, and for the protection of the minor's property.

In exchange for allowing the minor to participate in this event or program, the minor by and through the undersigned, agrees to release from liability, indemnify, and hold harmless the Town of North Kingstown, its agents, officers, and employees for any injury to the minor's person or damage to the minor's property which arises out of or occurs during or as a consequence of the minor's participation in the event or program, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want or care on the part of the Town of North Kingstown, its agents, officers, or employees.

This Hold Harmless Agreement and Release shall be binding upon the minor, the parent(s) or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf.

The minor's parent(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the Town of North Kingstown, its officers, agents and/or employees.

**Code of Conduct.** North Kingstown Recreation expects all participants will abide by any and all rules set by the department, the instructor, and the facility. Please dress appropriately for the weather, for the program you have registered for and it's requirements, and be mindful that most programs have children of all ages. Be present. Please turn off your cell phones and devices. Cooperate and respect your leadership. There is zero tolerance for discourteous behavior, rudeness, bullying, and harassment or threats to any participant or leader. Failure to follow any policies or procedures will result in immediate discharge without refund.

**PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:**

I, the undersigned, state that I am the parent or legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that said minor cannot participate under ANY circumstances in the above specified event or program without parental consent and that the minor will not be allowed to participate without entering into this agreement. This document is binding on myself, the said minor, and any person suing on behalf of said minor.

**BY INITIALING I AGREE TO THE UNRESOLVED USE OF MY CHILD'S NAME AND/OR LIKENESS (INCLUDING PHOTOGRAPHS, VIDEO TAPES, AND OTHER DEPICTIONS) FOR PUBLICIZING NORTH KINGSTOWN RECREATION ACTIVITIES AND EVENTS.**

Minor's Name (PRINT): \_\_\_\_\_ Birth date of minor: \_\_\_\_\_

Home State of minor: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent/Guardian Legal Name (PRINT): \_\_\_\_\_

Parent/Guardian Legal Name (SIGN): \_\_\_\_\_



**TOWN OF NORTH KINGSTOWN RECREATION DEPARTMENT**

**100 Fairway Drive North Kingstown, Rhode Island 02852**

Phone (401) 268-1540

**ADULT'S CONSENT TO PARTICIPATE**

**AND HOLD HARMLESS AGREEMENT AND RELEASE**

I, (Print Name) \_\_\_\_\_ (hereinafter the participant) state that I wish to

participate in (Print Name of Event or Program) **COED VOLLEYBALL PROGRAM** sponsored by the North Kingstown Recreation Department (the "Recreation Department").

The participant understands that participation in the above program is VOLUNTARY and that the participant does not have to participate. It is understood that the program involves activities which could result in injury to the participant's person or damage to the participant's property, and that by participating, the participant voluntarily accepts and assumes the risk of personal injury and damage to property.

It is understood that the Recreation Department DOES NOT provide any insurance coverage for the participant's person or property; and the participant acknowledges that he/she is responsible for his/her safety and health care needs, and for the protection of his/her property.

In exchange for allowing the participant to participate in this event or program, the participant agrees to and hereby does release from liability, indemnify, and hold harmless the Town of North Kingstown, its agents, officers, and employees from any injury to the participant's person or damage to the participant's property which arises out of or occurs during or as a consequence of his/her participation in the event or program, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want or care on the part of the Town of North Kingstown, its agents, officers, or employees.

This Hold Harmless Agreement and Release shall be binding upon the participant and the participant's heirs, executors, administrators and assigns.

The participant understands that this document is complete unto itself and that any oral promises or representations made to him/her concerning this document and/or its terms are not binding upon the Town of North Kingstown, its officers, agents and/or employees.

**Code of Conduct.** North Kingstown Recreation expects all participants will abide by any and all rules set by the department, the instructor, and the facility. Please dress appropriately for the weather, for the program you have registered for and it's requirements, and be mindful that most programs have children of all ages. Be present. Please turn off your cell phones and devices. Cooperate and respect your leadership. There is zero tolerance for discourteous behavior, rudeness, bullying, and harassment or threats to any participant or leader. Failure to follow any policies or procedures will result in immediate discharge without refund.



*BY INITIALING I AGREE TO THE UNRESOLVED USE OF MY AND/OR LIKENESS (INCLUDING PHOTOGRAPHS, VIDEO TAPES, AND OTHER DEPICTIONS) FOR PUBLICIZING NORTH KINGSTOWN RECREATION ACTIVITIES AND EVENTS.*

Participant's Legal Name (SIGN): \_\_\_\_\_

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

We at NK Rec take your health and safety very seriously. We will be abiding by all State, CDC, North Kingstown Town and School protocols. Please always have a mask on hand. Please also bring your own hand sanitizer. If you have tested positive or recently been in contact with a positive case inform your coach/instructor **immediately**. If you are sick, STAY HOME.

### **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**North Kingstown Recreation Programming** has put in place preventative measures to reduce the spread of COVID-19; however, NK Recreation **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending NK Recreation Programming, being exposed to the public, could increase** your risk and your child(ren)'s risk of contracting COVID19

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending NK Rec Programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NK Rec employees, volunteers, and program participants and their families even though North Kingstown Recreation is taking all possible precautions.

By signing I understand that North Kingstown Recreation reserves the right to cancel the program for any given period of time due to COVID-19 cases and circumstances. In this case there is no guarantee of a refund, a prorated refund, or a make-up. Cancellations will only occur to keep the participants from further spread of the virus.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at NK Rec Programs or participation in NK Rec programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless NK Rec, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of programs, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any programming.

**Signature of Parent/Guardian/Self**

**Date**

**Print Name of Parent/Guardian/Self**

**Print Name of Participant(s)**