

CO-ED Volleyball League Roster Winter 2019



TEAM NAME: _____ **CAPTAIN:** _____ **Date:** _____
ADDRESS: _____ **CITY:** _____ **ZIP:** _____
HOME/CELL #: _____ **EMAIL:** _____ **TEAM COLOR:** _____

Upon acceptance of my entry, I for myself, my heirs and assigns, hereby release the sponsors, city employees and volunteers of the CO-ED Volleyball league from any and all liability arising from illness, injury or death I may suffer as a result of my participation in this league. I attest that I am physically fit and have sufficiently trained for this league, and I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that competition of this league would be injurious to my health, I consent to be removed. I also understand that the entry fee is NONREFUNDABLE.

<u>PLAYER NAME (print)</u>	<u>STREET ADDRESS/CITY & ZIP</u>	<u>EMAIL</u>	<u>SIGNATURE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____