

WOMEN'S VOLLEYBALL LEAGUE TEAM ROSTER

Team Name: _____ Captain's Name: _____

Street/City/Zip: _____ Phone: _____

Email Address: _____

Co-Captain: _____ Phone: _____

Email Address: _____

Captains: Please have everyone read and fill out this form before they play. Players will not be allowed to play unless their name and signature are on your roster

Due at Registration: League fee, Roster, Team name, Captain's info.

Women's Volleyball Fee: \$260

NAME	PHONE #	T-SHIRT SIZE	SIGNATURE
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Please read this form carefully and be aware that in registering and participating in the use of Park District programs, you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program.

Each participant's signature is required on this form.

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program." I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants and employees." "I further agree to hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program."

I have read and fully understand the above Program Details and Participation agreement.