

VOLLEYBALL YOUTH TEAM ROSTER SUMMER 1 2009 SESSION

League: Girls Boys
 Level: 12 & U 14 & U 16 & U 18 & U Coed

E-mail: _____

Manager/Coach Name: _____

Team Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (H): () _____

Phone (O): () _____

(Please Print) Name	Street Address	City	State	Zip	Parents Signature
1					
2					
3					
4					
5					
6					
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11					
12					
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14					
15					

I hereby attest that the above information is correct and accurate. I understand that failure to give correct information on this roster form may result in my team being dropped from consideration from the league. The undersigned, in return for acceptance in the volleyball program do hereby for myself, my heirs, executors and administrators, and on behalf of all the other players on this roster and their heirs, executors & administrators, waive and release any and all rights and claims for damages I or they may have against Missouri Sand Volleyball, St.Louis Elks Lodge #9, and each of their representatives, successors and assigns for any and all injuries suffered at this location, including during volleyball games, practices, tournaments, etc. I further agree to inform all members of my team of this complete waiver & release, and to inform them of the dangers inherent in participating in the volleyball & related activities for which this roster is submitted.

Manager's Signature: _____

Date: _____

<input type="checkbox"/> Returning Team	<input type="checkbox"/> New Team	Amount : \$ _____	Office use only CK# _____	Date Received: _____
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