TEAM ROSTER

TO TEAM MANAGERS:
12 PLAYERS PER ROSTER!
ROSTER MUST BE TURNED IN PRIOR TO YOUR FIRST GAME!!!

This form is the official entry list. Each person must sign with his/her own signature in the right hand column to be officially signed with the team.

TEAM NAME _____ DIVISION & CLASS _____

MANAGER/COACH _____ ADDRESS _____

CITY/STATE/ZIP _____ HOME #_____ WORK #_____

We the undersigned agree that the City of Grand Island will not be held liable for injury or property damaged while participating in the City Volleyball League. We also agree that the City of Grand Island will not be held liable for injury or property damage while we or any member of our families are spectators at the league games. PHOTO PERMISSION: I do herby grant permission for pictures to be used in publicity or brochures related to Grand Island Parks and Recreation.

PRINT NAMES	EMAIL	PHONE	SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
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12.			