



RECREATION DEPARTMENT ADULT VOLLEYBALL ROSTER

(TEAM NAME)

WAIVER:

In all team competition I agree to play with the above named team throughout the season or until released by the manager. I further agree to abide by all rules and regulations governing the League of which this team is a member. I further agree with signing of this contract, that in the event I am disabled, injured, or incur any disease of a temporary or permanent nature while participating as a member of said team, to waive any and all claims of liabilities against said league, the City of Sanford, the Sanford Leisure Services Department., and or sponsors of the team of which I am a member, and hereby assume all risks as one of the ordinary risks of said sports enterprise and participation. This contract shall not become effective until signed by the player and manager and accepted by the Sanford Leisure Services Department, by his/her Signature; the manager assures that all players are 16 years old or older.

Please Print

Name	Address (Street, city, zip code)	Phone #	Signature
1.			
2.			
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14.			
15.			

Coach: _____ : _____ : _____ : _____
NAME
ADDRESS (STREET, CITY, ZIP CODE)
SIGNATURE
PHONE #