

ADULT COED 6 v 6 SAND VOLLEYBALL LEAGUE ROSTER

Team: _____	League: _____	
Sponsor: _____		
Mailing Address: _____	City: _____	Zip: _____
Manager: _____	Phone: _____	Work: _____
E-mail Address: _____		Cell: _____
Assistant Manager: _____	Phone: _____	Work: _____
E-mail Address: _____		Cell: _____

<u>Fee for League - \$125 per team</u>	<u>Games: Sunday afternoon/evenings</u>
<u>Registration Deadline: Wednesday, August 18</u>	<u>League Dates: August 22 - October 3</u>
	<u>Single Elimination Tourney: October 10</u>

***All team & participant information is required!**

<u>Name</u>	<u>Age</u>	<u>Phone Number</u>
<u>Fees Due:</u> _____	<u>Date:</u> _____	<u>Staff:</u> _____

Team Waiver:

I certify that all players listed above are in normal health and capable of participation Tipton Recreation Adult Sand Volleyball League.
 I grant permission for him/her to play and in doing so I hereby release any rights and claims for injuries and damages I may have against the Tipton Recreation Department, its Board of Directors, employees, officials, or coaches. I understand that the Tipton Rec. Dept. does NOT carry accident insurance on league participants.

Manager's Signature: _____ **Date:** _____