

**West Haven Parks & Recreation
Adult Volleyball Roster**

League Night: _____ Home #: _____ Team Name: _____

Manager's Name: _____ Cell #: _____ E-Mail: _____

Address: _____ Work #: _____

I acknowledge that I have read each and every one of the provisions printed on the back of this page named
"Release of Liability and Indemnification Form" and agree to abide by them.

	Player's Name	Home #	Cell #	Address	DOB	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Signature of Manager: _____

Print Name: _____

League Fee Paid: _____

Forfeit Fee Paid: _____

Date: _____