SUMMER COREC SAND VOLLEYBALL
TEAM ROSTER

TEAM NAME _____

CAPTAIN _____

CONTACT #_____

EMAIL _____

PRINT OR TYPE NAME	DOB	ADDRESS	PHONE	PLAYER SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Graham Recreation & Parks
SUMMER SAND VOLLEYBALL
Liability Waiver

Please read this form carefully. All players must sign and include the date.

As a participant in this program, I recognize and acknowledge that there are risks of physical injury which could occur from my participation in the program. I fully understand the nature and extent of all these risks. For and in consideration of my being permitted to participate in this program, I agree to assume full risk of any injury, damage or loss which I may sustain as a result of participation in this program and any activities in connection with the program.

I hereby agree to waive and relinquish all claims, which I have, or may have, against Graham Recreation and Parks, its officers, agents, servants and employees as a result of my participation in this program.

In case I am injured or become ill, I consent to emergency medical care being provided to me.
I have carefully read this waiver and I fully understand all parts of it.

In the case that a player is under the age of 18, they must have this space signed by their legal guardian. Please make a special notation next to those that are not 18 years of game.

PARTICIPANTS SIGNATURE DATE	PARTICIPANTS SIGNATURE DATE
1. _____	7. _____
2. _____	8. _____
3. _____	9. _____
4. _____	10. _____
5. _____	11. _____
6. _____	12. _____

Team Captain=s Verifications:

Team Name: _____

Sport: _____

This is to certify that the release form has been signed by each player or parent on the team roster.

_____ _____

Captain=s signature Date