

Players Roster Form Sauk Prairie Recreation Department



I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS PLAYER WAIVER AGREEMENT AND AGREE TO ABIDE BY THEM.

League: Power or Intermediate

Team Name: _____

Manager: _____

Co-Manager: _____

By signing below, I understand that the Sauk Prairie Community Recreation Department Volleyball League carries no insurance. I will not hold any supervisor, employee or anyone else connected with the league, liable for any injuries incurred by me or for any third party liability for which I may be responsible. I also agree to conduct myself in a responsible manner towards officials and supervisors when participating. Violations of conduct can result in suspension from the league. **Please print clearly.**

Print Player's Name	Player's Signature MUST SIGN	Player's Phone #	Player's E-mail Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Roster Form is due the first night of league play with all signatures on form.