

# West Fargo Park District Volleyball Roster

Division: \_\_\_\_\_

\*CAPTAINS: I HEREBY ACCEPT FULL RESPONSIBILITY FOR THE CONDUCT OF ALL INDIVIDUALS ON THIS ROSTER CONNECTED WITH THIS TEAM IN THE WEST FARGO PARK DISTRICT LEAGUE OR TOURNAMENT.

Captain's Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WAVIER: THE UNDERSIGNED PARTICIPANTS in consideration for the West Fargo Park District providing facilities, equipment and supervision in this activity for which he/she has registered does hereby:

- 1) Assume all risks and responsibility of possible damage of injury involved through participation in this program. I understand I am responsible for my own insurance in case of an injury.
- 2) I certify that I am in good health and capable of participation in this activity.
- 3) I am agree to indemnify and hold harmless the West Fargo Park District from liability resulting from my participation in this program.
- 4) I understand that all players signed below are 16 years or older for West Fargo Park District Adult Programs.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>SIGNATURE</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____
11)	_____	_____	_____
12)	_____	_____	_____
13)	_____	_____	_____
14)	_____	_____	_____
15)	_____	_____	_____

**\* PLEASE TURN ROSTER IN TO REFEREE BEFORE PLAYING FIRST MATCH!**

