

## ADULT VOLLEYBALL

**Liability Waiver:** I hereby agree to play VOLLEYBALL for \_\_\_\_\_ (team) during the \_\_\_\_\_ (year) Season in the Payette County Recreation District's **Adult VOLLEYBALL League**, and to abide by the rules of said league. I understand that due safety precautions will be taken, but injuries are a natural part of the activity. In the event of an injury or accident, the Payette County Recreation District, any game officials, recreation directors, nor the coach or the players of any participating team will be held responsible, and I do hereby waive, relinquish, and release any and all rights to damages which may be sustained.

**LEAGUE FEES:** \$200.00

**PLEASE PRINT NEATLY**

PLAYER'S NAME	ADDRESS	CITY	PHONE	AGE	Player Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

**PLAYERS MAY ONLY BE ON ONE ROSTER**

TEAM MANAGER:	HOME PHONE:
ADDRESS:	WORK PHONE:
CITY, STATE, ZIP:	FAX NUMBER:
LEAGUE REQUESTED (NOT A GUARANTEE):	CELL PHONE:

\*Please be sure that ALL players sign this roster & put FULL addresses in the space provided.