

**West Haven Parks & Recreation
Volleyball Roster/Waiver**

Captain's Name: _____ Email: _____

Address: _____ Cell #: _____ Carrier: _____

Team Name: _____ Night: _____ (MON) _____ (WED) _____ (THU)

By my signature below, 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	Cell or Home #	Emergency #	Address	DOB	Signature
1						
2						
3						
4						
5						
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9						
10						
11						
12						

OVER-Please review back page.