

West Haven Parks & Recreation
Adult Beach Spikeball League Roster

League Level: _____ **Cell:** _____

Captain's Name: _____ **Email:** _____

Address: _____ **Team Name:** _____

*I acknowledge that I have read each and every one of the provisions printed on the
 *Release of Liability & Indemnification Form** and agree to abide by them*

| | Player's Name | Cell Phone # | Address | D. O. B. | Signature |
|-----------|----------------------|-------------------------|----------------|-------------------------|------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Signature of Manager: _____ **Print Name:** _____

League Fee Paid: _____ **Date:** _____