

VOLLEYBALL ROSTER

(Fall 2020 or Fall/Winter 2021)

Fall VB Registration:
August 12 & 13
at BPRD Office

	•							
Coed Men Wome			Competitive or Recreation (check one)		ay			
Team Name				2 nd choice				
Team Name/ Classification	Location Playe	d last year					_	
Manager's Name		F	Phone(H/C)	(W)				
Email address								
Mailing address							_	
				(W)				
Email address							_	
					Offi	ice Use O	nly	
Player's Name	Daytime Phone	Address (street, city, zip)	Level/Location played last year or previous exp.	Player's Signature- Please read below before signing	Date/ Staff In.	Fall Fee	Winter Fee	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
11 12								
13								
14								
Bismarck Parks and Recreation Waiver and Release of Claims Please read this form carefully and be aware that in rostering yourself for participation in the above program, you will be waiving and releasing all claims for injuries						Sponsor Fee: Name/Check# Fall Only Fall & Winter		
you might sustain arising out of the above program.						rall & V	winter	
I recognize and acknowledge that there are certain risks of physical injury to participant in the above program and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I may sustain as a result of participating in any activities connected or associated with any such program. I waive and relinquish all claims that I or my insurer may have against the Park District, its officers, agents, servants, and employees from any and all claims from injuries, damages or loss which I may have or which may accrue to me on account of my participation in the above program. I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.						Fall Player's Fee: 40 XPlayers= Winter Player's Fee: 40 XPlayers=		