

2025 High School Coed Sand Volleyball League Roster

Mondays Only

Team Name _____
 Team Name/ Classification/Location Played last year _____
 Manager's Name _____ Phone(C) _____ (H/W) _____
 Email address _____
 Mailing address _____
 Assistant Manager's Name _____ Phone(C) _____ (H/W) _____
 Email Address _____

Office Use Only

Player's Name	Daytime Phone	Email Address	Level/Location Played last year	Player/Guardian (if under 18) signature (Please read below before signing)	Fee Paid Receipt
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
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 you might sustain arising out of the above program.

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.**

Player's Fee: \$40 X # of
Players =

Total Amount
Paid: _____