



# Winterfest Volleyball Roster

League \_\_\_\_\_

**\*CAPTAINS:** I HEREBY ACCEPT FULL RESPONSIBILITY FOR THE CONDUCT OF ALL INDIVIDUALS ON THIS ROSTER CONNECTED WITH THIS TEAM IN THE FARGO PARK DISTRICT LEAGUES.

Captain's Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Team Name \_\_\_\_\_

City/State \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Waiver:** THE UNDERSIGNED PARTICIPANTS in consideration for the Fargo Park District providing facilities, equipment, and supervision in this activity for which he/she has registered does hereby:

1. Assume all risks and responsibility of possible damage or injury involved through participation in this program. I understand I am to furnish my own insurance in case of injury. 2. I certify that I am in good health and capable of participation in this activity. 3. I agree to indemnify and hold harmless the Fargo Park District from liability resulting from my participation in this program. 4. I understand that all players signed below are 16 years or older for Fargo Park District Adult Programs.

|    | NAME | EMAIL ADDRESS | CELL PHONE # | SIGNATURE |
|----|------|---------------|--------------|-----------|
| 1  |      |               |              |           |
| 2  |      |               |              |           |
| 3  |      |               |              |           |
| 4  |      |               |              |           |
| 5  |      |               |              |           |
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| 8  |      |               |              |           |
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| 10 |      |               |              |           |
| 11 |      |               |              |           |
| 12 |      |               |              |           |
| 13 |      |               |              |           |
| 14 |      |               |              |           |
| 15 |      |               |              |           |

**\*PLEASE TURN ROSTER IN TO LEAGUE SUPERVISOR THE FIRST NIGHT YOU PLAY!**