



## 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				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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