

NORTH PLATTE RECREATION DEPARTMENT CITY VOLLEYBALL LEAGUE 2019 COED TEAM ROSTER

TEAM NAME: _____

DIVISION: RECREATIONAL TUESDAY _____ COMPETITIVE REC TUESDAY _____

COMPETITIVE REC THURSDAY _____ COMPETITIVE THURSDAY _____

(LEAGUE DIRECTOR RESERVES THE RIGHT TO CLASSIFY ANY TEAM IN THE INTEREST
OF FAIR PLAY. PLEASE CIRCLE YOUR 1ST AND 2ND CHOICES.)

CAPTAIN _____ ADDRESS _____

PHONE (HOME) _____ WORK _____

E-MAIL ADDRESS FOR FUTURE MAILINGS **(PLEASE UPDATE BELOW IF CHANGED)**

Each team member must sign this roster to acknowledge the following statement:

“I understand that volleyball is a fast, vigorous game and that active participation can result in serious injury. I hereby release the City of North Platte, the North Platte Recreation Department and staff from liability for any injuries I might suffer as a result of my participation in the volleyball leagues. I also understand that misconduct on my part could result in disqualification from further league participation.”

| Players Name (Top 8 get shirts) | Signature | Phone # | Shirt Size |
|--|-----------|---------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| Subs | | | |
| Subs | | | |

To register team, return completed roster & fees to the
Recreation Department by **March 4, 2019**

Date & Time roster returned _____