



Volleyball League

PORTAGE PARKS & RECREATION DEPARTMENT
2100 WILLOWCREEEK ROAD - PHONE 219-762-1675 -FAX 219-841-9017

Date: _____

COST: \$ 250 Season: _____

RECEIPT #: _____

TEAM NAME: _____ CAPTAIN'S NAME: _____ CIRCLE DIVISION REQUESTED: Tues: B Division Wed: A Division

CAPTAINS PHONE: Home: _____ Cell: _____ CAPTAINS EMAIL: _____

CAPTAINS ADDRESS: _____

WAIVER
This roster must be completed in its entirety prior to being submitted to the Parks Department. Signatures are required by all team members before they will be permitted to participate. Any falsification of signatures will result in a discharge from the program and a forfeiture of any fees that were paid. By signing this roster, you acknowledge that there are risks associated with participation in the above listed program, and that you freely assume responsibility for those risks. You also agree to hold harmless and release all liability from the City of Portage, the Parks & Recreation Department along with all its employees, agents, volunteers, and participants from any and all damages, claims, injuries, or other actions resulting from participation in the above listed program.

PRINTED NAME	CITY	EMAIL	SHIRT SIZE	SIGNATURE-WAIVER
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