

WEST SPRINGFIELD PARK AND RECREATION DEPARTMENT

**COED VOLLEYBALL ROSTER SHEET
2011**

Team Name: _____

Team Captain: _____

	Name (Please Print)	Address/City/Town	Phone	Signature	Paid
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

I am aware that participation in any recreational activity may involve the risk of injury. I have reviewed the activities required to participate in this program as set forth above, and I am able to perform these activities. I realize that the submission of any false or knowingly misleading statement made in completing this form by the participant or by his or her parent or guardian, will be grounds for the removal of the participant from the program and the forfeiture of any fee paid. Recognizing that there is a risk of injury in my participation in this program. I hereby release, and discharge, and agree to indemnify and hold harmless, the Town of West Springfield, it's employees, contractor instructors, and volunteers from any and all liabilities and cause of action that I or my child may have arising out of participation in this program.

Fees: West Springfield Residents \$35.00 per person - Non-Residents \$40.00 per person