



City of Billings Parks, Recreation & Public Lands Department

Coed Volleyball League



Team Name: _____
Skill Division: _____
Manager Name: _____
Mailing Address: _____
City: _____ **Zip Code:** _____
Day Phone: _____ **Night Phone:** _____
e-mail (optional): _____

Players List: (Team Manager must be a reliable contact)

	(Print name)	(Signature)	(Date)	(Phone)
01.	_____	_____	_____	_____
02.	_____	_____	_____	_____
03.	_____	_____	_____	_____
04.	_____	_____	_____	_____
05.	_____	_____	_____	_____
06.	_____	_____	_____	_____
07.	_____	_____	_____	_____
08.	_____	_____	_____	_____
09.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

** My signature on this roster indicates that I have read and accept the content of this liability waiver:*
“ I am hereby advised and understand that participation in the sport of soccer carries with it inherent risks of personal injury or loss, and acknowledge that the City of Billings, School District #2 , does not provide any accident insurance for participants in this program. I am therefore being advised to provide my own personal health/accident insurance so that in the event of an injury or loss, I have some medical insurance coverage available to me. In consideration of your accepting my entry on this roster, I hereby for myself, my heirs, and administrators, waive and release any and all rights and claims which I might have against the above named entities and their representatives, successors, and assigns for any and all injuries suffered by myself through my participation in this sports program.”