ADULT COED 6 v 6 SAND VOLLEYBALL LEAGUE ROSTER (SUMMER)

Team: **League:**

Sponsor:

Mailing Address: **City:** **Zip:**

Manager: **Phone:** **Work:**

E-mail Address: **Cell:**

Assistant Manager: **Phone:** **Work:**

E-mail Address: **Cell:**

Fee for League - $125 per team
Registration Deadline: Friday, May 29

Games: Sunday afternoon/evenings
League Dates: June 7 - July 26
Single Elimination Tourney: August 2
NO GAMES ON SUNDAY, JULY 5

***All team & participant information is required!**

Name	Age	Phone Number
Fees Due:	**Date:**	**Staff:**

Team Waiver:

I certify that all players listed above are in normal health and capable of participation Tipton Recreation Adult Sand Volleyball League. I grant permission for him/her to play and in doing so I hereby release any rights and claims for injuries and damages I may have against the Tipton Recreation Department, its Board of Directors, employees, officials, or coaches. I understand that the Tipton Rec. Dept. does NOT carry accident insurance on league participants.

Manager's Signature: _____Date:_____