

THIS FORM MUST BE FILLED OUT COMPLETELY OR REGISTRATION WILL NOT BE ACCEPTED

HOLMEN PARK & RECREATION—GIRLS HS VOLLEYBALL TEAM ROSTER

MANAGERS: Return to the Park & Recreation Department with all information completed, player signatures, non-resident fees & resident address verifications no later than: **Wed., May 6, 2020**

TEAM PRIORITY #:

NAME OF TEAM: _____ DIVISION ENTERED: _____ YEAR: _____

TEAM MANAGER: _____ PHONE #: (HOME) _____ (WORK) _____ BIRTH DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____ EMAIL: _____

ALL PLAYERS MUST BE IN GRADES 9TH-12TH, IN FALL OF 2020, NO EXCEPTIONS.

OFFICE STAFF ONLY (COMPLETE THIS SECTION)

NAME	ADDRESS	CITY	PHONE	PARENTS SIGNATURE (Read Waiver Below)	T-SHIRT SIZE	Grade Fall Of 2020	PLAYER FEE \$20	DATE OF REGISTER
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

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**Parents/Guardians...
Read this waiver before signing above.**

Parent or Guardian Signature REQUIRED above for each player, or attach to this roster an individual signed registration form for that player.

I hereby understand that my daughter is registering to participate in the programs stated on this sheet, sponsored by the Village of Holmen. In addition, I understand that this program, like all physical activity, has some inherent risk involved. Furthermore, my son, daughter or self is in good physical condition appropriate for the stated activity and that participants must assume full responsibility for injuries incurred while taking part in these programs. No accident insurance is provided through the Village of Holmen. A doctor's release may be required after a serious illness, injury or hospitalization, before returning to the program.

TOTAL AMOUNT PAID	/
DATE PAID	

MANAGER READ CAREFULLY: As manager/representative of the above stated volleyball team, I hereby attest and witness that the above stated members of the team roster have of their own free will elected to participate in this years volleyball league sponsored by the Village of Holmen Park & Recreation Department. In addition, the above stated members of the team and all persons associated with your team understand that the stated activity, like most physical/athletic activity, has some degree of inherent risk involved. Furthermore, all participants are in good physical condition appropriate for the stated activity and that the above participants must assume full responsibility for personal injury incurred while taking part in the league. This also involves going to site/leaving for home during the dates of the league.
No Accident insurance is provided through the Village of Holmen.

SIGNATURE OF TEAM MANAGER: _____ DATE: _____

Attach Individual player registration forms to this roster, if you need to send them home to be signed.