

HOG CABIN VOLLEYBALL ROSTER FORM



SUNDAY [] CO-ED 6's "B" [] CO-ED 6's "C"
 MONDAY [] CO-ED 6's "B" [] CO-ED 6's "C"
 TUESDAY [] OPEN 4's "A" [] OPEN 4's "B"
 WEDNESDAY [] CO-ED 6's "B" [] CO-ED 6's "C"
 THURSDAY [] CO-ED 4's "A" [] CO-ED 6's "B"
 FRIDAY [] CO-ED 6's "B" [] CO-ED 6's "C"

"A"--(Advanced) "B"--(Intermediate) "C"--(Recreational)

TEAM NAME: _____ [] CHECK IF NEW TEAM

TEAM MANAGER: _____ [] RETURNING TEAM

ADDRESS: _____ CITY/STATE/ZIP _____

PHONE#: _____ E-MAIL _____

FINAL REGISTRATION DEADLINE FOR NEW TEAMS IS MON. APRIL 29TH

SUN. APRIL 28TH FOR RETURNING TEAMS

LEAGUES WILL BEGIN ON MAY 13TH [LEAGUE FEES --- \$150.00 PER TEAM]

TEAM ROSTER – (ALL REGULAR PLAYERS LISTED FIRST)

NAME ADDRESS PHONE#

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. **SUB** _____
8. **SUB** _____
9. **SUB** _____
10. **SUB** _____
11. **SUB** _____
12. **SUB** _____

WE, THE PLAYERS OF TEAM, _____ HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE HOG CABIN AND ITS EMPLOYEES FROM ANY LIABILITY FOR CLAIMS OF BODILY INJURY, OR ANY OTHER CLAIMS WHATSOEVER THAT WE MAY INCUR AS A RESULT OF ACTIVITIES ON OR AROUND HOG CABIN SAND COURTS.