

Volleyball Team Roster



90 E Civic Center Drive, Gilbert, Arizona 85296 | (480) 503-6200 | gilbertaz.gov/adultsports

PARKS & RECREATION

TEAM INFORMATION

(Please print)

Team Name:

League:

Co-Ed Upper "A"

Co-Ed Upper "B"

Manager:

Manager Email:

Phone: (wk)

(hm)

(cell)

Address:

City:

State:

Zip:

ASSUMPTION OF RISK & RELEASE OF ALL CLAIMS & NOTICE

I allow my child and/or myself, to participate in this program. We release the Town of Gilbert and its employees of any liability, claims or demands, which we may hereafter have as a result of participating in recreational activities, using recreational facilities, or being transported to events as part of this program. I understand that the Town of Gilbert has no medical insurance for this program. I understand there are risks involved with strenuous physical exertion as part of this program, including serious injury. I certify that my own physical condition is satisfactory to participate in physically demanding activities. I am at least 16 years of age. I also give my permission for any photos/video taken of participants to be used by the Town of Gilbert. I verify that all information provided is correct, and agree that the Town of Gilbert may require proof. I understand that providing incorrect information included but not limited to participant date of birth and address is grounds for removal from the program and may result in suspension of the privilege to participate in future programs.

Team Name:

Manager:

1.	Player Name			Signature	
	Address	City	Zip	Phone	Email
2.	Player Name			Signature	
	Address	City	Zip	Phone	Email
3.	Player Name			Signature	
	Address	City	Zip	Phone	Email
4.	Player Name			Signature	
	Address	City	Zip	Phone	Email
5.	Player Name			Signature	
	Address	City	Zip	Phone	Email
6.	Player Name			Signature	
	Address	City	Zip	Phone	Email
7.	Player Name			Signature	
	Address	City	Zip	Phone	Email
8.	Player Name			Signature	
	Address	City	Zip	Phone	Email

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Team Name:

Manager:

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9.	Player Name			Signature	
	Address	City	Zip	Phone	Email
10.	Player Name			Signature	
	Address	City	Zip	Phone	Email
11.	Player Name			Signature	
	Address	City	Zip	Phone	Email
12.	Player Name			Signature	
	Address	City	Zip	Phone	Email

As the representative of my team, I have read and agree to all the Gilbert Parks and Recreation Department rules and regulations. I verify that to the best of my knowledge all information given on this form is true and accurate.

Manager's Signature:

Date: