

ATTACK VBC

ADULT CO-ED OFFICIAL TEAM ROSTER

I recognize that because of the potentially hazardous nature of this activity that an injury might be sustained. In the event of such an injury to myself, or my child if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal and agree to pay the usual charges for such treatment. I now release the Attack VBC, Mega Plex Sporsplex, its employees, agents and assigns responsibility for any personal injuries and damages to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors, and administrators. I understand that participants may be videotaped or photographed during the activity. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

TEAM NAME _____

LEAGUE _____

Primary Contact Person: This will be the official contact for all league information

Name _____ Address _____

E-mail _____ City & Zip _____

Home Phone _____ Cellular Phone _____

Secondary Contact Person: This is the second official contact person for all league information, when the primary contact person cannot be reached.

Name _____ Address _____

E-mail _____ City & Zip _____

Home Phone _____ Cellular Phone _____

|

ATTACK VBC

ADULT CO-ED OFFICIAL TEAM ROSTER

Name (Printed)	Phone	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Attack VBC

attackvolleyballclub.net