Visconsin Independent Volleyball League 2024

ROSTER SUBMISSION

Once completed, return to: WIVL

P O Box 506 Hudson WI 54016 ~ jen@gnbl.org ~ fax 715-796-2872

Please return this roster (OR a word-process document with this information)

Online waiver/concussion forms must be completed online for each player and coach.

Team Nam	ie:		Grade:	8 th	7 th	6 th (Please ci	5 th rcle One)	5 th /4 th	4 th
			Consent for Medical Tr	reatment/Cond	ussion Agreements for WIVL players are on file with GNBL				
Head Coach Name:			Assistant Coach Name:						
Head Coach Address:			A 14 4G 1A11						
City / State / Zip:			City / State / Zip:						
Head Coach Home Phone:		Work Phone:	Assistant Coach Home Phone:		Work Phone:				
Head Coach Cell Phone:		Email:	Assistant Coach Ce	Assistant Coach Cell Phone:			Email:		
		Player I	nformation						
Player Name	Jersey Number	Address	City, State, Z	Zip Code			School E	nrolled	Grade (2023-2024)