

Visconsin Independent Volleyball League

2024

ROSTER SUBMISSION

Once completed, return to: W I V L

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 Name: _____

Grade: 8th 7th 6th 5th 5th/4th 4th

(Please Check One)

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Consent for Medical Treatment/Concussion Agreements for WIVL players are on file with GNBL

Head Coach Name: _____

Assistant Coach Name: _____

Head Coach Address: _____

Assistant Coach Address: _____

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 Cell Phone:** _____ **Email:** _____

Player Information

[illegible]