CANTON
PARKS AND RECREATION

Volleyball Roster Form

Women's___ Coed___
Men's___

Competitive or Recreational
(circle one)

4 Person_____
6 Person_____

Night you're Playing:
Tues___ Wed___ Thurs___

Final Roster Deadline:
Friday, December 30th

Team Name:_____

Manager's Name_____ **Phone (C/H)**_____ **Email**_____

Assistant Manager's Name_____ **Phone (C/H)**_____ **Email**_____

Player's Name	Phone (C/H)	Address/ZIP	Date of Birth (DOB)	Email Address	Player's Signature (Please read below)

Waiver of Liability & Photo Release

I, herby agree to play with the said team during the current season, or until I am given my release in writing by the said team and is recorded by the Canton Parks & Recreation office. I promise to abide by the rules and regulations/policies of Canton Parks & Recreation and the league to which the said team is a member. I hold harmless Canton Parks & Recreation, Officials, or their agents, employees, volunteers, and my backer of any financial responsibility due to injuries or property damage while playing or practicing.

I, understand I must pay all hospital and/or ambulance costs incurred. I further understand that if I am injured or the situation necessitates the calling of any medical services and the use thereof, I hold full responsibility for any liabilities arising out of these services and will not hold Canton Parks & Recreation, City of Canton, Officials, nor any constituent thereof responsible. I grant permission to have emergency first aid to be administered in case of injury occurred.

I, maintain that I have read this agreement and acknowledge responsibility for all above statements.