

**2009 VOLLEYBALL
MIDLAND PARKS AND RECREATION
BEACH VOLLEYBALL TEAM ROSTER**

TEAM NAME	DIVISION (women's, men's, coed)
MANAGER	ASST MGR
ADDRESS	ADDRESS
CITY	CITY

FOR OFFICE USE ONLY			PLAYER (PLEASE PRINT)	ADDRESS (STREET, CITY & ZIP)	HOME PHONE	WORK/CELL PHONE	PLAYER SIGNATURE
DATE PAID	TOTAL PAID	#					
		1					
		2					
		3					
		4					
		5					
		6					
		7					
		8					
		9					
		#					
		#					
		#					

TEAM MANAGER SIGNATURE _____

BY SIGNING ABOVE, I AGREE TO PLAY WITH THE ABOVE-MENTIONED TEAM FOR THE CURRENT SEASON, AND TO ABIDE BY THE RULES OF THE DEPARTMENT OF PARKS AND RECREATION.
I FURTHER AGREE TO ASSUME ALL RESPONSIBILITY IN CASE OF INJURY, ABSOLVING THE CITY OF MIDLAND AND THE TEAM SPONSOR. REVISED 2007