

**LAS VEGAS RECREATION DEPARTMENT
ROSTER**

COED VOLLEYBALL LEAGUE

FEE: \$150.00

TEAM NAME:

**Round robin play with double
elimination tournament**

FOR OFFICIAL USE ONLY:

DATE:

RCD BY: _____

CASH/CHECK: \$ _____

ENTRY NUMBER: _____

COMMENTS:

Manager:

Home Phone:

Cell Phone:

Address:

E-Mail:

Assistant:

Home Phone:

Cell Phone:

E-Mail:

Address:

Read and Sign Below: In consideration of my being accepted in this league, I the undersigned intending to be legally bound, do hereby, for myself, heirs, my personal representatives and assigns, waive, release and forever discharge any claims for damages which I may have or may hereafter occur to me against the City of Las Vegas, from claims, injuries, or actions sustained or suffered in connection with my association or entry or arising from my participation in said league.

#	Print Name	Sign Name	Address	HOME #	CELL #	AGE
1						
2						
3						
4						
5						
6.						
7.						
8.						