BREWER PARKS & RECREATION DEPARTMENT

2017 VOLLEYBALL LEAGUES

FALL

Team Name : _____

TEAM FEE : WOMANS LEAGUE $90.00

CIRCLE ONE : **WOMANS UPPER** **CO ED LOWER**

WOMANS LOWER **CO ED MIDDLE**

CO ED POWER **CO ED UPPER**

CO ED LEAGUE $ 95.00

NON RESIDENT FEE $ 10.00

(CAPTAINS PLEASE PRINT)

NAME (PRINT)	PHONE #	TOWN YOU LIVE IN	SIGNATURE	R/NR	PAID

My signature as a player on this roster signifies that I do hereby release and hold harmless the City of Brewer and any of its employees and agents from any and all liability of whatever form or nature which may arise as a result of an injury or injuries from the participation in this activity. It is expressly understood that I would not participate in the above named activity except for this release upon which the City of Brewer and any of its employees and agents will specifically rely upon.

Captains Name : _____ **Phone #** _____

Captains Address : _____

Captains e-mail address : _____