Woodland Parks & Recreation Department

2001 East Street ● Woodland, CA, 95776 ● Phone: 530. 661.2000 ● www.cityofwoodland.org

ADULT VOLLEYBALL ROSTER

Rosters must be received by 5 p.m., *Wednesday, February 15, 2012*
Manager's Meeting is Monday, February 20, 2012 at 6pm at the
Woodland Community & Senior Center Administrative Conference Room

Team Information

_____
Team Name

	League	Division	Night
❒	Women	Recreational	MONDAY
❒	Co-ED	Recreational	WEDNESDAY

Team Name & Division Last Season _____

Manager Information

First Name ***Last Name***

Street Address ***Apartment/Unit #***

City ***State*** ***Zip Code***

( ) ☐ Home ☐ Cell ***Phone 1***

( ) ☐ Home ☐ Cell ***Phone 2***

Email Address

League Entry Fees

❒ **Women/Co-ED $200**

Late Fee is $50 after 2/21/2012

Non Residents

❒ $ _____

$15 per Non-Resident

OR

❒ $50 unlimited NR

Total Due

League Fees $_____

NR Fees $_____

TOTAL $_____

Other League Details

- **8 GAME FORMAT**
- Residents MUST have a physical Woodland address, not a P.O. Box. All players not residing within Woodland city limits are considered a Non-resident. Each Non-resident must pay $15 each , or $50 for unlimited Non-residents on a team.
- For each player added to the roster 2/21/2012, add $5, $15 non-residents.
- Be sure that all information on this roster is current. Teams playing with illegal players and incomplete rosters are subject to forfeiture.
- **ALL PLAYERS MUST SIGN THE WAIVER ON THE REVERSE SIDE.**

Woodland Parks & Recreation

ADULT VOLLEYBALL TEAM ROSTER

League ☐ **WOMEN** ☐ **CO-Ed** **Night** ☐ **MONDAY** ☐ **WEDNESDAY**

_____	_____	_____	☐ Spring ☐ Summer ☐ Fall
Team Name	**Manager's Name**	**Manager's Phone**	**Season**

ALL PLAYERS MUST REGISTER FOR ABOVE TEAM IN THE AREA PROVIDED BELOW. ONLY COMPLETE ROSTERS WILL BE ACCEPTED. THIS ROSTER IS GOOD ONLY FOR ABOVE SEASON.

All players must be prepared to show identification at any time by a City of Woodland Staff member.

ADULT SPORTS: Participants will be running, jumping, throwing, batting, catching and bending at the waist. Possible injuries include, but are not limited to, sprained ankles, knee injuries, back strain, bruises, abrasions and broken bones.

AGREEMENT, WAIVER AND GENERAL RELEASE

In consideration for being permitted by the above department to participate in the above activity, I hereby waive, release and discharge any and all claims for damages which I may have or which may hereafter accrue as a result of participation in said activity. This release is intended to discharge in advance the above department (its officers, employees or agents) from and against any and all liability arising out of negligence or carelessness on the part of said department (or its officers, employees or agents). I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above department (its officers, employees and agents) who through negligence, carelessness or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns. I further agree to indemnify and to hold the above department (its officers, employees and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DEPARTMENT, AND I SIGN IT OF MY OWN FREE WILL.

Player's Name (LEGIBLY PRINT)	Age	Physical Address	Zip Code	Phone	Signature	Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						`
15.						

EACH PARTICIPANT MUST PERSONALLY SIGN THE ROSTER – ALL ADDS WILL BE ATTACHED TO THIS FORM