



Official Sand Volleyball League Roster Form

Print Name of Team: _____

E-Mail: _____

Print Captain's Name: _____

Phone #: _____

I/We, realizing no insurance coverage is provided for the participant, will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in this program. Furthermore, I/we will not hold the City of Bellingham, the Parks and Recreation Department, employees/volunteers or anyone otherwise involved with this program responsible for any accident or injury that might occur. I/We acknowledge that signing this roster sheet will also function as a liability form.

Please be advised that participants involved in Parks and Recreation programs are subject to being photographed and/or video recorded and such photographs or videos may be used to publicize city programs.

	Print or Type Players Name	Email	Phone #
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2.			
3.			
4.			
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