



# NEENAH PARKS & RECREATION

## 2016 SUMMER CO-ED VOLLEYBALL ROSTER

TEAM NAME: \_\_\_\_\_

CHECK LEAGUE:  Co-ed Tuesday "B" Sixes  Co-ed Thursday "B" Sixes

MANAGER \_\_\_\_\_ PHONE \_\_\_\_\_ (H) \_\_\_\_\_ (W)

E-MAIL ADDRESS (print clearly) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PRINT CLEARLY

ROSTER NAMES	gender		ROSTER NAMES	gender	
1.	M	F	9.	M	F
2.	M	F	10.	M	F
3.	M	F	11.	M	F
4.	M	F	12.	M	F
5.	M	F	13.	M	F
6.	M	F	14.	M	F
7.	M	F	15.	M	F
8.	M	F	16.	M	F

**LIABILITY INFORMATION:** You should be aware that Parks & Recreation programs involve an element of risk or danger for all participants and may cause serious injury, death, or property loss. The Neenah Parks & Recreation Dept. does not provide nor cover any medical or hospital insurance for participants in our programs. All persons participating in NRPD sponsored activities must provide their own insurance and assume risk of all injuries.

I have informed team members of liability information \_\_\_\_\_

**TEAM MANAGER'S SIGNATURE**

<b>***OFFICE USE ONLY***</b>	
TEAM CODE: _____	
<b>TEAM FEE</b>	\$120.00
<b>DEPOSIT DATE</b>	____ / ____ / ____

