

CENTERLINE BEACH VOLLEYBALL - TEAM ROSTER

Playing times and dates are selected on a first come basis - No EXCEPTIONS! Reserve early

1 st Choice	DAY:	SUN	MON	TUES	WED	THURS	FRI
	TIME:	_____					
	SEASON:	Spring		Summer		Fall	
2 nd Choice	DAY:	SUN	MON	TUES	WED	THURS	FRI
	TIME:	_____					
	SEASON:	Spring		Summer		Fall	

Spring begins April 6th Summer begins June 8th Fall begins August 17th
 \$40 per person (\$240 per 6X6 team, \$160 per 4X4 team)

In consideration of moneys paid and the right to use the facilities of Centerline Beach Volleyball ("Centerline") the undersigned, by their signature, does release and waive any and all claims for accidents or injuries of any kind against Centerline, its properties, staff, employees, referees, and other players, guests, and participants on Centerline's premises. I further acknowledge that Centerline has advised me that it is unable to purchase insurance covering any liabilities or accidents to injuries on their premises and I, not withstanding this knowledge, waive and release any claims whatsoever against Centerline and it's staff, players, guests, and participants, and assume personally all risks that might cause me injuries or damages.

Complete the roster below. **ALL PLAYERS MUST SIGN ON THE SIGNATURE LINE BEFORE PLAYING (NO EXCEPTIONS)!!!**

1. NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP: _____ PHONE: _____
 EMAIL: _____
List if you want to receive volleyball updates

4. NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP: _____ PHONE: _____
 EMAIL: _____
List if you want to receive volleyball updates

SIGNATURE: _____

SIGNATURE: _____

2. NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP: _____ PHONE: _____
 EMAIL: _____
List if you want to receive volleyball updates

5. NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP: _____ PHONE: _____
 EMAIL: _____
List if you want to receive volleyball updates

SIGNATURE: _____

SIGNATURE: _____

3. NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP: _____ PHONE: _____
 EMAIL: _____
List if you want to receive volleyball updates

6. NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP: _____ PHONE: _____
 EMAIL: _____
List if you want to receive volleyball updates

SIGNATURE: _____

SIGNATURE: _____

Please use additional roster if your team has more than 6 players

ALL FEES ARE DUE BEFORE STARTING PLAY - NO EXCEPTIONS!!

"Plan your Birthday Parties - Anniversaries - Reunions - Fund Raisers, etc"