



# Sand Volleyball League

June 5th, 2016-

**\*August 28, 2016\* (tentative)**

**SUNDAY NIGHTS**

**\$70.00/TEAM**

\*\*\* To enter fill in and send this form along with a check or money order to:

City of Sgt. Bluff, 401 4th St. PO Box 703, Sgt. Bluff, IA 51054

\*\*\* For more information call Parks & Rec Department @ 712-943-5800

[jacob@cityofsergeantbluff.com](mailto:jacob@cityofsergeantbluff.com) or [www.cityofsergeantbluff.com](http://www.cityofsergeantbluff.com)

Team Name: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Waiver Clause: Please submit a roster with players name and signatures with this registration form: I hereby waive and release any and all rights for damage I may have against the City of Sgt. Bluff and Sgt. Bluff Community School District for any and all injuries suffered in league or tournament play.**

- Games played at Sgt Bluff Rec Complex– 2 Courts
- Coaches will receive league schedule 5-6 days prior
- End of Season tournament: August
- Must be 21 years of age to participate
- Deadline to register is May 31, 2016
- Games will run from 3pm-7pm (tentative)
- End date to be decided by number of teams signed up

## ROSTER

PLAYER 1: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

PLAYER 2: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

PLAYER 3: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

PLAYER 4: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

PLAYER 5: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

PLAYER 6: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

PLAYER 7: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

PLAYER 8: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

PLAYER 9: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

PLAYER 10: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

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