Adult Volleyball League

November 11th, 2016-
March 24, 2017

FRIDAY NIGHTS

$320.00/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 or www.cityofsergeantbluff.com

DIVISIONS: PLEASE CIRCLE ONE

POWER OR INTERMEDIATE

Team Name: _____

Coach's Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

*IF YOU KNOW OF SOMEONE INTERSTED IN REFFING PLEASE LET ME KNOW

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 Middle School– 2 Courts
- Coaches will receive league schedule 5-6 days prior
- 8 teams accepted per division
- End of Season Tournament– March
- Players may only play in one division
- Deadline is October 31, 2016
- Games will run from 6:00-9:00pm
- Number of Games dependent on 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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