

**SCHILLER PARK RECREATION DEPARTMENT
OFFICIAL LEAGUE ROSTER**

TEAM NAME: _____

MANAGER'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____

E-MAIL _____ CELL PHONE: () _____

ALL players signing this roster understand the risks involved in playing CO-ED VOLLEYBALL and fully understand that they are playing at their own risk. Also, the undersigned acknowledge that the Schiller Park Recreation Department is in no way responsible for injuries occurring in any practice sessions, league games, or playoff games. Teams and/or individual players are encouraged to acquire insurance covering injuries that may occur in athletic contests. A player's signature on this roster indicates that they have read this statement of responsibility on injury and understand fully that they are participating in the SCHILLER PARK RECREATION DEPARTMENT CO-ED VOLLEYBALL LEAGUE at their own risk and are personally responsible for any injuries that may occur in the league.

NAME (PRINT)	FULL ADDRESS	PHONE	SIGNATURE
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1. _____

2. _____

3. _____

4. _____

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6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

The above players have agreed to compete for the above mentioned team and comply with all rules and regulations of the league.

Each roster will be thoroughly checked for accuracy. Falsification of information will result in suspension of your team.