

# CO-ED VOLLEYBALL SIGN UP SHEET WEST BEND LAKES GOLF CLUB

Deadline May 23rd, 2019

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

1. Sponsor Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_

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

1<sup>st</sup> Thursday Night League Option:  A League  B League  C League

2<sup>nd</sup> Thursday Night League Option:  A League  B League  C League

2. ALL BEVERAGES MUST BE PURCHASED HERE, NO CARRY INS ALLOWED  
DUE TO WISCONSIN STATE CODE #8.31

### 3. Liability Waiver

*Liability Waiver: All participants are requested to sign the below release. I the undersigned, do hereby agree to allow the below name to participate in the Co-Ed Volleyball League. I am aware of and understand that there any be potential risks inherent and that West Bend Lakes does not provide accident insurance. I assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnity and agree to hold harmless West Bend Lakes, officers, staff and any other persons for any and all claims, injuries, liabilities damages or right of action directly or indirectly arising out of use of equipment, and or participation in activities.*

#### 4. Roster / Participants

*All Players on this roster must read the following liability waiver and sign the designated area below. Team captains are responsible for collecting and submitting the completed registration form to West Bend Lakes Volleyball Coordinators prior to the first game played. If not turned in, you will forfeit any games played. Roster form MUST have the liability signatures of all participants.*

| Name | Signature | Date |
|------|-----------|------|
| 1.   |           |      |
| 2.   |           |      |
| 3.   |           |      |
| 4.   |           |      |
| 5.   |           |      |
| 6.   |           |      |
| Sub  |           |      |
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Approved By \_\_\_\_\_

Date \_\_\_\_\_

Approved By \_\_\_\_\_

Date \_\_\_\_\_