

Adult Volleyball League 2023

Team Name: _____

Team Captain: _____

Phone# _____

Email: _____

Sponsor: _____

By signing this roster, I, the participant agree that I will abide by the rules of the Soda Springs Recreation Department and its affiliated organizations and sponsors. I understand that the City of Soda Springs does not provide medical insurance of any kind for the participant. Recognizing the possibility of physical injury associated with the above activities, I hereby release, discharge, and/or otherwise indemnify the City of Soda Springs, its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

Team Roster - Cost is \$100 per team

Name	Signature	Paid
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Please return completed roster and payment to City Hall. For more information call or text Celeste Billman 208-317-0995

Form updated 3/14/2023

FOR OFFICE USE ONLY

AMOUNT PAID: _____ CASH / CHECK / CC