

La Vista Recreation Department

8116 Park view Blvd. La Vista NE 68128

331-3455 www.cityoflavista.org

Women's Volleyball Registration Form

Please complete information for each player

Team Captain: _____ Team Name: _____

Address: _____ City: _____ State _____ Zip _____

Telephone#: Home# _____ Work # _____ Cell # _____ Text? Yes/No

E-mail #1 (Day Time) _____ Email #2 (if different) _____

Team Roster Must Be Signed By Each Player!

I hereby, acting for myself, agree to make no claims against the city of La Vista, its officers, employees, or anyone acting on its behalf and hereby release and waive any claim for loss, damage, or injury to any property, or person resulting from any cause, including negligence by the city of La Vista or any officer, employee, or person acting on its behalf, arising from activity sponsored by the City of La Vista. I understand that the City carries no medical insurance covering any injuries which might be sustained in connection with the program and acknowledge that I do carry medical insurance proving such coverage.

Player 1 Name: _____ Players Signature _____

Address: _____ City _____ State _____ Zip _____

Phone (home) _____ (Cell) _____ Text yes/no (Work) _____

E-Mail #1: _____

Player 2 Name: _____ Players Signature _____

Address: _____ City _____ State _____ Zip _____

Phone (home) _____ (Cell) _____ Text yes/no (Work) _____

E-Mail #1: _____

Player 3 Name: _____ Players Signature _____

Address: _____ City _____ State _____ Zip _____

Phone (home) _____ (Cell) _____ Text yes/no (Work) _____

E-Mail #1: _____

Player 4 Name: _____ Players Signature _____

Address: _____ City _____ State _____ Zip _____

Phone (home) _____ (Cell) _____ Text yes/no (Work) _____

E-Mail #1: _____

Player 5 Name: _____ Players Signature_____

Address: _____ City _____ State_____ Zip_____

Phone (home) _____ (Cell) _____ Text yes/no (Work) _____

E-Mail #1: _____

Player 6 Name: _____ Players Signature_____

Address: _____ City _____ State_____ Zip_____

Phone (home) _____ (Cell) _____ Text yes/no (Work) _____

E-Mail #1: _____

Player 7 Name: _____ Players Signature_____

Address: _____ City _____ State_____ Zip_____

Phone (home) _____ (Cell) _____ Text yes/no (Work) _____

E-Mail #1: _____

Player 8 Name: _____ Players Signature_____

Address: _____ City _____ State_____ Zip_____

Phone (home) _____ (Cell) _____ Text yes/no (Work) _____

E-Mail #1: _____

Player 9 Name: _____ Players Signature_____

Address: _____ City _____ State_____ Zip_____

Phone (home) _____ (Cell) _____ Text yes/no (Work) _____

E-Mail #1: _____

Player 10 Name: _____ Players Signature_____

Address: _____ City _____ State_____ Zip_____

Phone (home) _____ (Cell) _____ Text yes/no (Work) _____

E-Mail #1: _____