Port Washington
Parks & Recreation Department

201 N. Webster Street
Port Washington, WI 53074

Phone: 262-284-5881
Fax: 262-284-7678

WOMEN'S VOLLEYBALL LEAGUE ROSTER 2019-2020

(*Please include email addresses to receive schedule and other information via email)

Team Name: _____

Captain: _____ **Address:** _____

Cell Phone: _____ **Work Phone:** _____ **Email*:** _____

Asst. Captain: _____ **Address:** _____

Cell Phone: _____ **Work Phone:** _____ **Email*:** _____

ROSTER OF PLAYERS:

NAME	PHONE	STREET ADDRESS, CITY	SIGNATURE

LIABILITY WAIVER: I, by signing above, do hereby agree to participate in the activity indicated and am aware of and understand that there may be risks and hazards inherent with participants in this activity. I affirm that I am doing so as a voluntary participant. In consideration of my participation I do hereby agree to release, waive, absolve, indemnity on behalf of myself, my family, my heirs and my assigns the City of Port Washington, its employees, officers, agents and sponsors from liability, for injury, death or loss suffered by me in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence for the City of Port Washington, its employees, officers, agents and sponsors. The City of Port Washington does not provide accident insurance to participants in recreational activities and I assume full responsibility for any and all injuries or damages which may occur to me while participating.

MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS: In the event of a medical emergency, I authorize the Parks and Recreation Department Staff to obtain medical treatment for my son/daughter or minor for which I am a guardian.

PHOTO RELEASE: I agree to allow publication of any photos taken at any program, event or facility of the City of Port Washington Parks and Recreation Department.

Fee:_____$300.00_____ Amount Paid:_____ Balance:_____ Date:_____