

MIDWEST VOLLEYBALL CLASSIC TEAM ROSTER

TEAM NAME _____ AGE GROUP (please circle) **U18** **U16** **U14** **U12**

SCHOOL _____ DATE TEAM ENTRY PAID _____

I, the undersigned parent/guardian of the listed player, acknowledge, agree and understand that I voluntarily and of my own free will elect to allow the listed player to participate as a member of the team listed above. I understand that there are certain risks and hazards involved in participating in this sport that may result in injury or death to players. I do hereby release Riverland Community College, Riverland Volleyball coaches and players, Austin Public Schools, the City of Austin and the Austin Parks, Recreation and Forestry Department from any and all liability due to any damages the listed player receives for personal injuries or property damage while participating in athletic events on premises owned by them and using facilities connected with said recreational activities during the tournament established above or until listed player is given release by said team and same is recorded with the director of the tournament. The listed player further agrees to abide by the rules as established for this tournament.

Name	Address	Phone	Age	Shirt Size	<i>Dept Use Only</i>
1. _____ parent/guardian signature _____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
parent/guardian signature _____	_____	MSF \$5 Membership <input checked="" type="checkbox"/> if paid _____	_____	_____	
2. _____	_____	_____	_____	_____	
parent/guardian signature _____	_____	MSF \$5 Membership <input checked="" type="checkbox"/> if paid _____	_____	_____	
3. _____	_____	_____	_____	_____	
parent/guardian signature _____	_____	MSF \$5 Membership <input checked="" type="checkbox"/> if paid _____	_____	_____	
4. _____	_____	_____	_____	_____	
parent/guardian signature _____	_____	MSF \$5 Membership <input checked="" type="checkbox"/> if paid _____	_____	_____	
5. _____	_____	_____	_____	_____	
parent/guardian signature _____	_____	MSF \$5 Membership <input checked="" type="checkbox"/> if paid _____	_____	_____	
6. _____	_____	_____	_____	_____	
parent/guardian signature _____	_____	MSF \$5 Membership <input checked="" type="checkbox"/> if paid _____	_____	_____	
7. _____	_____	_____	_____	_____	
parent/guardian signature _____	_____	MSF \$5 Membership <input checked="" type="checkbox"/> if paid _____	_____	_____	
8. _____	_____	_____	_____	_____	
parent/guardian signature _____	_____	MSF \$5 Membership <input checked="" type="checkbox"/> if paid _____	_____	_____	
9. _____	_____	_____	_____	_____	
parent/guardian signature _____	_____	MSF \$5 Membership <input checked="" type="checkbox"/> if paid _____	_____	_____	
10. _____	_____	_____	_____	_____	
parent/guardian signature _____	_____	MSF \$5 Membership <input checked="" type="checkbox"/> if paid _____	_____	_____	
11. _____	_____	_____	_____	_____	
parent/guardian signature _____	_____	MSF \$5 Membership <input checked="" type="checkbox"/> if paid _____	_____	_____	
12. _____	_____	_____	_____	_____	
parent/guardian signature _____	_____	MSF \$5 Membership <input checked="" type="checkbox"/> if paid _____	_____	_____	

Captain/Manager Name _____ E-mail _____

Address _____ Alternate Contact Name & Number _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____