APPLE ATHLETIC CLUB

VOLLEYBALL LEAGUE ROSTER AND WAIVER FORM

Team Name _____

Coach's Name _____Address _____

City_____ State____ Zip _____

Phone (H) _____ (w) _____ Email _____

WE THE UNDERSIGNED in consideration for the privilege of participating in the Apple Athletic Club Volleyball League DO HEREBY AGREE to release Apple Athletic Club and all other cooperating agengies, employees, officials, or managers thereof, from all liability for damages by reason of injuries or property damage that may be sustained as a result of participation in the league. We understand all the rules and deadline.

Team Information

Member #	Players Name	Email Address	Phone #	Signature