

APPLE VALLEY ADULT ATHLETIC TEAM ROSTER – FALL 2016 VOLLEYBALL

NIGHT & LEAGUE: _____

TEAM NAME: _____

MANAGER'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: H (____) _____ W (____) _____

ASST. MANAGER NAME: _____

PHONE: H (____) _____ W (____) _____

- Each player's entire line must be completed. Incomplete rosters will not be accepted!
- Non-resident teams (teams consisting of less than 51% players who live or work full time in Apple Valley) are required to pay an additional **\$ 25.00 non-resident fee.**
- 'Eligible Address' is the Apple Valley address for those who live or work in A.V. and home address for those who don't.

Player's Name - Print	Eligible Address	City	Zip	Home Phone #	Date of Birth
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					

OFFICE USE ONLY

Date Received: _____

Received by: _____

Percent of Residents: _____

**Apple Valley Parks & Recreation
7100 147th Street West
Apple Valley, MN 55124-9016
(952) 953-2300**

TEAM WAIVER FORM

LEAGUE: _____

TEAM NAME: _____

As lawful consideration for being permitted to participate in the adult athletic program of the City of Apple Valley's Parks and Recreation Department, I on behalf of myself agree that the City of Apple Valley shall be held harmless and will not be liable for any injury or disability which I or any member, employee or participant of the said program incur as the result of the use of the said facility and program, due to the passive or active negligence of the City, its agents or employees. This release of liability of the City of Apple Valley does not include any injuries that I or any member, employee or participant of the said program incur as the result of willful, wanton or intentional misconduct by the City of Apple Valley, its agents or employees. This agreement is specifically binding on my spouse, heirs and assigns of any member, employee or participant of the said program.

PLAYER SIGNATURES REQUIRED (Please sign on corresponding number from reverse side):

1. _____

11. _____

2. _____

12. _____

3. _____

13. _____

4. _____

14. _____

5. _____

15. _____

6. _____

16. _____

7. _____

17. _____

8. _____

18. _____

9. _____

19. _____

10. _____

20. _____