

# SOUTH LYON AREA RECREATION AUTHORITY

# VOLLEYBALL

## ROSTER FORM & RELEASE OF LIABILITY WAIVER (Please read the release form on back prior to signing this roster.)

	Competitive
	Intermediate

Team Fee	\$300.00
Non-Res. Players	
<b>TOTAL</b>	

TEAM	ADDRESS	RESIDENT	PHONE (H/W)	WAIVER SIGNATURE	DATE
Captain		Y N			
2		Y N			
3		Y N			
4		Y N			
5		Y N			
6		Y N			
7		Y N			
8		Y N			
9		Y N			
10		Y N			

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VISA or MC #	Exp. Date	Signature
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