



# Clark County Parks and Recreation

## OFFICIAL VOLLEYBALL ROSTER FORM

### 4—PERSON

**SPORTS STAFF  
USE ONLY**

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Date Received:

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Staff Initials:

DATE: _____	LEAGUE: CoEd	Men's
TEAM NAME: _____	WEEK DAY: M T W TH F	
SEASON: _____	DIVISION: Nov. Inter. Comp.	
YEAR: _____	SITE: Sunset Desert Breeze Whitney Paradise	

#### LIABILITY WAIVER

*I expressly understand and agree that neither the Clark County Department of Parks and Recreation; Las Vegas, Nevada; a municipal corporation, nor any of its officers, agents, volunteers, assistants or employees shall be held responsible or made the subject of any claim seeking to assess damage or liability for or arising from personal injury or property damage or loss of any other sort to myself actual or proposed participation in the above named program, and I hereby agree to indemnify and hold the Clark County Department of Parks & Recreation, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.*

*(Please provide complete information below. Roster will not be accepted with missing information and will be returned to the team to provide missing information.. Rosters lock after the 3rd night.)*

	Player's Name - Please Print (Last Name, First Name)		Player's Signature <i>I have read and fully understand the above statement of the Liability Waiver</i>	Contact #
1.)		1.)		
2.)		2.)		
3.)		3.)		
4.)		4.)		
5.)		5.)		
6.)		6.)		
Coach's Name - Please Print (Last Name, First Name)		Coach's Signature		Contact #
Coach's E-mail:				



# Clark County Parks and Recreation

## OFFICIAL VOLLEYBALL ROSTER FORM

### 6—PERSON

**SPORTS STAFF  
USE ONLY**

/ /  
**Date Received:**

\_\_\_\_\_  
**Staff Initials:**

<b>DATE:</b> _____	<b>LEAGUE:</b>	CoEd	Men's
<b>TEAM NAME:</b> _____	<b>WEEK DAY:</b>	M	T W TH F
<b>SEASON:</b> _____	<b>DIVISION:</b>	Nov.	Inter. Comp.
<b>YEAR:</b> _____	<b>SITE:</b>	Sunset	Desert Breeze
		Whitney	Paradise

**LIABILITY WAIVER**

*I expressly understand and agree that neither the Clark County Department of Parks and Recreation; Las Vegas, Nevada; a municipal corporation, nor any of its officers, agents, volunteers, assistants or employees shall be held responsible or made the subject of any claim seeking to assess damage or liability for or arising from personal injury or property damage or loss of any other sort to myself actual or proposed participation in the above named program, and I hereby agree to indemnify and hold the Clark County Department of Parks & Recreation, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim. (Please provide complete information below. Roster will not be accepted with missing information and will be returned to the team to provide missing information.. Rosters lock after the 3rd night.)*

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1.)		1.)		
2.)		2.)		
3.)		3.)		
4.)		4.)		
5.)		5.)		
6.)		6.)		
7.)		7.)		
8.)		8.)		
9.)		9.)		
10.)		10.)		
<b>Coach's Name - Please Print (Last Name, First Name)</b>		<b>Coach's Signature</b>		<b>Contact #</b>
<b>Coach's E-mail:</b>				