

**VOLLEYBALL LEAGUE ROSTER
BOISE PARKS & RECREATION DEPARTMENT**

SPRING ____ FALL ____ WINTER ____ COED: ____ MEN'S: ____ WOMEN'S: ____ DIVISION: POWER ____ COMPETITIVE ____ RECREATIONAL ____

TEAM NAME _____ CAPTAIN'S NAME _____ H PH _____ W PH _____

ADDRESS _____ CITY _____ ZIP _____ EMAIL ADDRESS _____

PLAYER'S NAME	WORK PHONE	R/ N	HOME PHONE	ADDRESS	E-MAIL ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

In consideration for the privilege of participating in the Boise Parks and Recreation VOLLEYBALL Program do hereby agree to release the Boise Parks and Recreation Department and all other cooperating agencies, employees, officials, or managers/sponsors thereof, from all liability for damages by reason of injuries or property damage that may be sustained as a result of participating in the program. I understand all rules, regulations and deadlines.

110 SCOUT LN, BOISE ID 83702 (208) 608-7650

(OVER)

1. Team Name Last Season: _____ Spring ____ Fall ____ Winter ____

2. If the core of your team played last season, what was your classification?

Women's: Power ____ Competitive (Middle)____ Recreational (Lower) _____

Men's: Power __ Competitive (Middle) ____ Recreational (Lower) _____

Coed: Power __ Competitive (Middle) ____ Recreational (Lower) _____

3. Compare to last year's team, how good is this year's team? Better ____ Worse ____ New Team _____

4. Team Classification and level desired this year: **(If Competitive please indicate level of play, Mens 1-3, Women=s 1-5 & Coed 1-8)**

Power _____ Competitive (Middle) _____ Recreational (Lower) _____