

# 2017 Odyssey Fun Center Volleyball Team Roster

Team Name: \_\_\_\_\_ Night: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

As a condition of the undersigned players' participation in Odyssey Fun Center Volleyball Programs, my heirs, my executors and administrators waive any and all right and claims for damages (including without limitation to death, injury, disability, property loss or damage) I may have against the sponsors of the League, coordinating groups, and any individuals associated with the League, their representatives, successors, and assigns, and will hold harmless for any and all damages suffered in connection with my participation in the League. I further acknowledge and agree that this agreement applies to claims based on negligence as well as to all other claims described above and that I have read the foregoing and fully understand my own liability and to accept the restrictions. As team captain of the team, the captain will accept full responsibility for any and all players who play on this team and do not sign the roster.

All Players must **PRINT** name and address and sign below.

1) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_

3) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_

4) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_

5) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_

6) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_

7) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_

8) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_

9) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_

10) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_

11) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_

12) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_