



**The Kansas City Soccer Dome
Sand Volleyball Complex
Team Roster and Waiver**

Session_____

League_____

Division_____

Name of Team_____

Name of Coach_____ Email of Coach_____

Team Manager_____ Email of Manager_____

Address_____

Daytime Phone_____ Evening Phone_____

Each individual signature hereon acknowledges that although Sand Volleyball is intended as a non-contact sport, participation in a Sand Volleyball game may result in collisions with other players on the playing field or its surfaces. Each dues paying member agrees to accept the risk of injury resulting from participation.

Players Name	Signature of Parent/Player	Phone #	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____

I hereby certify that the above information is true and correct.

Signature of Coach_____

Date_____