

2023 Livingston Recreation Department Coed Rec Volleyball Roster Registration Form



Team Registration Deadline Friday, September 29 at 5:00 pm
Drop form at 229 River Drive (Recreation Office) or email back to: rec@livingstonmontana.org

Team Name: _____

Team Captain: _____ Captain Cell Phone #: _____

Secondary Phone #: _____ Mailing Address: _____

Email Address: _____

| <u>Print Name</u> | <u>Email Address</u> | <u>Waiver Signed</u> | <u>Player Fee Paid</u> |
|-------------------|----------------------|--------------------------|--------------------------|
| 1. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

This is to certify that the above signed have given consent to participate in the Livingston Recreation Department Adult Coed Volleyball League. I fully recognize the City of Livingston, Recreation Manager and/or staff are not to be held liable in case of an accident or injury.

City of Livingston Recreation Department

Email: rec@livingstonmontana.org * Phone: 223-2233
229 River Drive * Office Hours: 9:00AM – 5:00PM; Monday – Friday
www.livingstonmontana.org

