

# 2025 Livingston Recreation Department Coed Rec Volleyball Roster Registration Form



**Team Registration Deadline Thursday, September 25 at 5:00 pm**

Drop form at 229 River Drive (Recreation Office) or email back to: [jramljak@livingstonmontana.org](mailto:jramljak@livingstonmontana.org)

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

Team Captain: \_\_\_\_\_ Captain Cell Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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

<u>Print Name</u>	<u>Email Address</u>	<u>Cell Phone</u>	<u>Paid/Waiver</u>
1. _____			<input type="checkbox"/>
2. _____			<input type="checkbox"/>
3. _____			<input type="checkbox"/>
4. _____			<input type="checkbox"/>
5. _____			<input type="checkbox"/>
6. _____			<input type="checkbox"/>
7. _____			<input type="checkbox"/>
8. _____			<input type="checkbox"/>
9. _____			<input type="checkbox"/>
10. _____			<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 Director 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](mailto:rec@livingstonmontana.org) \* Phone: 406-223-2233

229 River Drive \* Office Hours: 8AM - 4PM; Monday – Friday

[www.livingstonmontana.org/rec](http://www.livingstonmontana.org/rec)

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	<u>Print Name</u>	<u>Email Address</u>	<u>Cell Phone</u>	<u>Paid/Waiver</u>
11.				<input type="checkbox"/>
12.				<input type="checkbox"/>
13.				<input type="checkbox"/>
14.				<input type="checkbox"/>
15.				<input type="checkbox"/>
16.				<input type="checkbox"/>
17.				<input type="checkbox"/>
18.				<input type="checkbox"/>
19.				<input type="checkbox"/>
20.				<input type="checkbox"/>

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