The City of Claremont Parks and Recreation

Official Roster

Adult Co-Ed Volleyball

This completed roster must be returned to:
Claremont Parks & Recreation
152 South St.
Claremont, NH 03743
Phone: 603-542 -7019
Email: cccprograms@claremontnh.com

Coaches Name: _____

Team Name: _____

Type or print all items except signatures. This roster will not be accepted unless filled out completelyand legibly with first and last names listed.
Original signatures acknowledge having read and agree to the hold harmless terms below.

	Player's Name First and last	Signature Required	Gender M/F	Address City, State	Phone	Email
EX.	John T. Softball	John T. Softball	M	123 Avenue Claremont, NH	603-555-5555	jtsoftball@anywhere.com
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

All participants must read, understand, and sign this waiver before participating in the Claremont Parks & Recreation Departments's Adult Co-Ed Volleyball League.

I understand that the above named program can be a dangerous activity and that there is some risk involved. I therefore release, absolve, indemnify and hold harmless the City Claremont Parks & Recreation Department and their staff, for any and all injuries, loss or damage suffered by me at or in any way connected with this activity. By signing I agree that I have read and understand the above statement.