

New Brighton

Spring Lake Park

ADULT INDOOR VOLLEYBALL LEAGUE TEAM ROSTER

TEAM NAME: \_\_\_\_\_ LEAGUE:  Coed  Women's SEASON: \_\_\_\_\_ YEAR: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_ PHONE: H- \_\_\_\_\_ C- \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

I hereby verify that each player appearing on this Roster qualifies under the eligibility rules and will be made fully aware of all rules, regulations and the penalties for violations outlined by the Spring Lake Park & New Brighton Parks and Recreation Departments. Team Fee must be submitted with the completed Team Roster and Waiver Form.

MANAGER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGER'S EMAIL ADDRESS (required): \_\_\_\_\_

TEAM FEE: \_\_\_\_\_: CHECK:  # \_\_\_\_\_ CASH:

Receipt # (Office Use Only) \_\_\_\_\_

	<b>PLAYER'S NAME</b> Please Print or Type	<b>HOME ADDRESS</b>	<b>CITY</b>	<b>ZIP</b>	<b>E-MAIL</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**TEAM WAIVER/ELIGIBILITY/CONDUCT**

**DATA PRIVACY ACT WARNING**

In accordance with the Minnesota Government Data Practices Act, the recreation staff of the City of Spring Lake Park and New Brighton hereby informs you that personal information requested of you and your players is considered private. Although, for team identification purposes, the managers name and phone number will appear on schedules. Private data is available to City Staff who need to have this information to perform their duties, but not to the public. While you may choose to withhold this data, the consequences could be that the City’s Recreation Staff may not be able to complete your registration and/or you may not receive updated program information, such as schedule changes, revisions, and standings.

The below signed team participants, in consideration of your accepting this entry, I, along with my heirs, executors and administrators, hereby waive and release any and all rights, causes of action, and claims for damages I may have against the agency providing the activity and its representatives, successors and assigns for any and all injuries, including but not limited to any injury suffered as a result of my exposure to communicable diseases such as MRSA, influenza, COVID-19, or any other communicable disease, suffered by myself at the activity sponsored by these groups. I also acknowledge that I have read the Data Privacy Warning as stated above and have completed this form with this knowledge.

I have read and understand the player Eligibility/Conduct/Forfeit fees requirements described previously in this packet for the participation in the New Brighton & Spring Lake Park Indoor Volleyball League.

**Every Player must sign below before participating. (Must submit with Team Roster and Team Fee)**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

\_\_\_\_\_  
TEAM NAME

\_\_\_\_\_  
Manager’s Signature

\_\_\_\_\_  
Date