



Clark County Parks and Recreation

OFFICIAL VOLLEYBALL ROSTER FORM 2-PERSON (DOUBLES)

For Office
Use Only

Date: _____

League: Men's

Team Name: _____

Week Day: Tue Thurs

Season _____

Division: "B" "C" "D+"

Year _____

Site: Sunset

Initials: _____
Date Rec'd: _____ / _____ / _____

LIABILITY WAIVER

I expressly understand and agree that neither the Clark County Department of Parks and Recreation; Las Vegas, Nevada; a municipal corporation, nor any of its officers, agents, volunteers, assistants or employees shall be held responsible or made the subject of any claim seeking to assess damage or liability for or arising from personal injury or property damage or loss of any other sort to myself actual or proposed participation in the above named program, and I hereby agree to indemnify and hold the Clark County Department of Parks & Recreation, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.

(Please provide "complete" information below, signature roster will not be accepted.) I have read and fully understand the above statements:

| No. | Name of Player (print or type) | Signature | Phone No. |
|--|--------------------------------|-----------------|-----------|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| Manager or Coach: (Please print name) | | E-mail Address: | Cell #: |
| MANAGER'S OR COACH'S SIGNATURE: | | | Home #: |



Clark County Parks and Recreation

OFFICIAL VOLLEYBALL ROSTER FORM 4-PERSON

For Office
Use Only

Date: _____

League: Men's Co-Ed

Team Name: _____

Week Day: Tue Wed Thurs Fri

Initials: _____
Date Rec'd: ____/____/____

Season _____

Division: "C" Div "D+" Div "D" Div

Year _____

Site: SUNSET WHITNEY
PARADISE

LIABILITY WAIVER

I expressly understand and agree that neither the Clark County Department of Parks and Recreation; Las Vegas, Nevada; a municipal corporation, nor any of its officers, agents, volunteers, assistants or employees shall be held responsible or made the subject of any claim seeking to assess damage or liability for or arising from personal injury or property damage or loss of any other sort to myself actual or proposed participation in the above named program, and I hereby agree to indemnify and hold the Clark County Department of Parks & Recreation, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.

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| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| Manager or Coach: (Please print name) | | E-mail Address: | Cell #: |
| MANAGER'S OR COACH'S SIGNATURE: | | | Home #: |



Clark County Parks and Recreation

OFFICIAL VOLLEYBALL ROSTER FORM 6-PERSON

For Office
Use Only

Date: _____

League: Men's Coed

Team _____

Week Day: Mon Tue Wed

Name: _____

Thu Fri Sat

Season _____

Division: "C" "D+" "D"

Year _____

Site: PARADISE SUNSET WHITNEY

Initials: _____
Date Rec'd:
____ / ____ / ____

LIABILITY WAIVER

I expressly understand and agree that neither the Clark County Department of Parks and Recreation; Las Vegas, Nevada; a municipal corporation, nor any of its officers, agents, volunteers, assistants or employees shall be held responsible or made the subject of any claim seeking to assess damage or liability for or arising from personal injury or property damage or loss of any other sort to myself actual or proposed participation in the above named program, and I hereby agree to indemnify and hold the Clark County Department of Parks & Recreation, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.

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| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |
| 9) | | | |
| 10) | | | |
| Manager or Coach: (Please print name) | | E-mail Address: | Cell #: |
| MANAGER'S OR COACH'S SIGNATURE: | | | Home #: |