

**The City of Vacaville
Team Registration Form
Volleyball**

Team Name: _____

Team Manager: _____

Manager's Address: _____

Day Phone: _____ Eve. Phone: _____

Email: _____

Optional Contact Person: _____ Day Phone: _____ Eve. Phone: _____

Division: Women: _____ Coed: _____

Additional Comments/Special Request: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I understand that all fees MUST be paid in full at the time of registration and no registration will be accepted after the deadline.

I understand that it is my responsibility as manager to turn in a completed team roster and liability form before the start of the first league game. No player will be allowed to play if they have not signed the waiver of liability and completed their contact information on the team roster.

I understand that if I have any problems regarding league play I will call the League Coordinator at 469-4006.

I understand and will abide by the disciplinary action set forth by the league guidelines.

I understand that special requests are not guaranteed.

I understand because of weather and tight scheduling, game times may be rescheduled or games may change location.

Manager's Signature: _____ Date: _____