MYAS Volleyball Roster Form

Team Name_____

Name	Jersey #	Address	City/Zip	Date of Birth

X_____ Coach or Club Directors Signature*

***In signing, I verify that the players on the roster are eligible to compete in the MYAS Volleyball Program. Upon your acceptance of this roster, I, my heirs, executors, and administrators, intending to be legally bound hereby, waive and release any and all rights I may have against the Minnesota Youth Athletic Services, USSSA Volleyball or the Host Organization and their representatives from any and all injuries suffered by the player at the specified event.**