

**PLEASE FILL OUT THIS FORM COMPLETELY OR REGISTRATION WILL NOT BE ACCEPTED**

# STORM FALL LEAGUE VOLLEYBALL TEAM ROSTER

TEAM NAME: \_\_\_\_\_ DIVISION (CIRCLE): 2-4 grade or 5-6 grade  
 TEAM MANAGER: \_\_\_\_\_ PHONE #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_@\_\_\_\_\_

PLAYER NAME	ADDRESS	CITY	PARENTS SIGNATURE (READ WAIVER BELOW)	PARENT EMAIL	T-SHIRT SIZE	GRADE IN FALL OF 2015	FEE PAID	DATE OF REGISTER
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

**PLEASE PRINT NEATLY. THIS FORM MUST BE FILLED OUT COMPLETELY OR REGISTRATION WILL NOT BE ACCEPTED. WE MUST RECEIVE THIS FORM BY OCTOBER 23RD**

### All Players and Parents Must Register In The Storm Performance System

Parent or Guardian Signature REQUIRED above for each player, or attach to this roster an individual signed registration form for that player. I hereby understand that my daughter is registering to participate in the programs stated on this sheet, sponsored by Storm PerformanceVolleyball. In addition, I understand that this program, like all physical activity, has some inherent risk involved. Furthermore, my daughter or self is in good physical condition appropriate for the stated activity and that participants must assume full responsibility for injuries incurred while taking part in these programs. No accident insurance is provided through Storm Performance or either school. A doctor's release may be required after a serious illness, injury or hospitalization, before returning to the program. I understand this program is not affiliated with Calallen I.S.D or Grace Temple Christian Academy

MANAGER READ CAREFULLY: As manager/representative of the above stated volleyball team, I hereby attest and witness that the above stated members of the team roster have of their own free will elected to participate in this years volleyball league sponsored by Storm Performance. In addition, the above stated members of the team and all persons associated with your team understand that the stated activity, like most physical/athletic activity, has some degree of inherent risk involved. Furthermore, all participants are in good physical condition appropriate for the stated activity and that the above participants must assume full responsibility for personal injury incurred while taking part in the league. This also involves going to site/leaving for home during the dates of the league. No Accident insurance is provided through Storm Performance, Calallen I.S.D., or Grace Temple.

SIGNATURE OF TEAM MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

**Parents/Guardians..**  
Read this waiver before signing

<b>\$350 Per Team</b>	<b>10 Players Max</b>
<b>Total Amount Paid</b>	
<b>Date Paid</b>	