Rawlins Volleyball Tournament
Team Roster Form

May 2-3, 2020
Saturday: U12, U14B
Sunday: U14A, U16, U18

Please complete one form per team entering the tournament

Club Name: _____ Age Group: U12 U14 U16 U18

Team Name: _____ Division: A B

Coach: _____ Cell Phone: _____

Address: _____ e-mail: _____

City: _____ WYSA #: _____

**** Note —*** *Ensure players name on roster matches their name on AAU card.*

Name		Birthdate	Grade

Please mail form and Payment to:

Rawlins Volleyball Club
PO Box 653
Rawlins, WY 82301

Accident/Injury Waiver

By signing this roster, the team representative or coach hereby states that all athletes and coaches listed above are fully registered with AAU and insured for accidents and/or injuries that may be sustained while playing or observing the sport of volleyball at any RVC AAU Sanctioned Volleyball tournament. The undersigned also states that the tournament host and/or tournament site shall not be held liable for accidents and/or injuries incurred by the individuals listed above while participating in any RVC AAU Sanctioned volleyball tournament.

_____

Signature of Team Representative or Coach(s): ***Date***