

VICKREY CENTER - ADULT VOLLEYBALL LEAGUE

SUMMER 2023

\$100 PER TEAM

COED—TUESDAYS

TEAM NAME: _____ CAPTAIN: _____

CAPTAIN'S ADDRESS: _____

	NAME	PHONE NUMBER	EMAIL ADDRESS	SIGNATURE
1	CAPTAIN			
2	CO- CAPTAIN			
3				
4				
5				
6				
7				
8				
9				
10				

By my signature above, I hereby agree and contract, in consideration of the acceptance of this roster as a "playing member" of this team, to fully comply with the regulations and rules of the league. I agree to play with this team for this season, understanding that disorderly or unsportsmanlike conduct or violation of this contract could be followed by suspension from the league. I also understand that I may be only on one roster in the same league.

Informed Consent: By my signature above, I acknowledge that I am releasing the City of Pensacola, its agents and employees, from any and all liability either individual, joint or several, which when may incur as a result of an act or acts of negligence, contributory negligence, or comparative negligence, engaged in by them which causes, either directly or indirectly, any injury, sickness, or illness of any kind to me. I further agree that I will hold the City of Pensacola, its agents and employees, harmless from any liability, payment of damages, costs and attorney's fees, and will identify the City, its agent, and employees in the event that the payment of damages, costs and attorney's fees is incurred by the City, arising out of or pertaining to in any way the negligence, contributory negligence, or comparative negligence of any employee or agent of the City of Pensacola, or of the City of Pensacola itself

By my signature below, I agree that the persons named above and on any attached or submitted player contracts for the team named above and that I am responsible for ensuring that all applicable fees are collected/paid in accordance with league rules and that all rules are followed completely.



Captain's Signature _____