

2025 King Pin Volleyball Roster

Night _____ Division _____

Team Name _____

Team Captain Name _____ Phone# _____

E-mail _____ Signature _____

As a condition of the undersigned player participating in King Pin Lanes Volleyball Leagues, my heirs, my executors and administrators waive any and all right and claim for damages (including without limitation injury, health impairment or property loss or damage) I may have against the sponsor's of the league, coordinating groups, and any individuals associated with the league, their representatives, successors, and assigns, and will hold them harmless for any and all injuries suffered in connection with my participation in the league. I further acknowledge and agree that this agreement applies to claims based on negligence as well as to all other claims described above and that I have read the foregoing and understand my own liability and to accept restrictions.

**As the captain of the team, the captain will accept the responsibility
for any and all players who play on this team and do not sign this roster.**

**ALL PLAYERS (Even subs) MUST LEGIBLY PRINT name, phone #, email and SIGN to play!
(DO NOT FILL OUT FOR SOMEONE ELSE – NEED FOR INSURANCE PURPOSES)**

Name (Please Print) _____ Phone _____

Is Player 21 or older? YES _____ If not 21 please enter age _____

E-mail _____

Signature _____

Name (Please Print) _____ Phone _____

Is Player 21 or older? YES _____ If not 21 please enter age _____

E-mail _____

Signature _____

Name (Please Print) _____ Phone _____

Is Player 21 or older? YES _____ If not 21 please enter age _____

E-mail _____

Signature _____

Name (Please Print) _____ Phone _____

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