Adult FALL Volleyball Roster 2025

Registration Deadline: Aug. 13 2025 (Roster = 7 player min.)

Is this team: Better Same Worse than last Fall?

Is this team: Better Same Worse than last Winter?

All sponsor & player fees MUST BE PAID IN FULL when tear of time and sub	•	ion is submitted to DF is one team registration				•			ager's	s responsik	oility to	collect al	fees ah	ead
Check the proper league level at which you		COED: Monday			2	 	3		4		5		6	
, ,		WOMEN: Wednesday			2		3		4		5		6	
		Did team play last F			Yes		No		Wh	at Name	me			
Team:	Did team play last Winter?			Yes		No		Wh	at Name					
Manager:	nager:				Cell Phone					Alt. Phone				
E-mail Address:														
Mailing Address:				City					State		Zip			

I, and all my executors, administrators hereby waive and release any and all rights and claims against the Dickinson Parks & Recreation District, Dickinson Public & Catholic Schools, Dickinson State University, and all those associated with this program from any liability for injuries which may occur while participating in this program.

OFFICE US	SE ONLY	PLAYER'S NAME		ADDRESS		City	PHONE	SIGNATURE	AGE	T-SHIRT			
PLAYER	R FEE		PEATER S NAME	ADDRESS		(cell #)		SIGNATURE		SIZE			
	\$45	1)											
	\$45	2)											
	\$45	3)											
	\$45	4)											
	\$45	5)											
	\$45	6)											
	\$45	7)											
	\$45	8)											
	\$45	9)											
	\$45	10)											
	\$45	11)											
	\$45	12)											
SPONSOR	\$125	Tota	al Fees Paid @ Registration:			PACKET RECEIVED BY (DPRD Employee initials):							
NOTES:													