

E-mail Address:

Mailing Address:

Check the proper league level at which

Spring 4v4 Volleyball Roster (2025)

Registration Deadline: March 12 (Roster = 5 player min.)

All sponsor & player fees MUST BE PAID IN FULL when team registration is submitted to DPR or it will not be accepted! It is the Team Manager's responsibility to collect all fees ahead of time and submit them as one team registration. DO NOT tell players to stop at DPR to pay.

3

5

Zip

State

Men's LEVEL >>

| you feel your team would be competitive. | Women's LEVEL >> | 1 | 2 | 3 | 4 | 5 | 6 |
|--|------------------|--------|------|---|---------|------|---|
| (#1 IS TOP LEAGUE) | | | | | | | |
| Team: | | | | | | | |
| Manager: | | Cell P | hone | | Alt. Ph | none | |

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.

City

| OFFICE US | SE ONLY | | PLAYER'S NAME | ADDRESS | | City | PHONE | SIGNATURE | AGE | T-SHIRT | | |
|------------|---------|---------------|---------------------------------|---------|--|------|--|-----------|-----|---------|--|--|
| PLAYER FEE | | PLATER S NAME | | ADDREGO | | Jity | (cell #) | OIGHATORE | AGL | SIZE | | |
| | \$45 | 1) | | | | | | | | | | |
| | \$45 | 2) | | | | | | | | | | |
| | \$45 | 3) | | | | | | | | | | |
| | \$45 | 4) | | | | | | | | | | |
| | \$45 | 5 | | | | | | | | | | |
| | \$45 | 6 | | | | | | | | | | |
| | \$45 | 7 | | | | | | | | | | |
| | \$45 | 8 | | | | | | | | | | |
| SPONSOR > | \$125 | Tota | Total Fees Paid @ Registration: | | | | PACKET RECEIVED BY (DPRD Employee initials): | | | | | |
| NOTES: | | | | | | | | | | | | |