

2024 Livingston Recreation Department Coed Rec Volleyball Roster Registration Form



Team Registration Deadline Thursday, September 26 at 5:00 pm
Drop form at 229 River Drive (Recreation Office) or email back to: rec@livingstonmontana.org

Team Name: _____

Team Captain: _____ Captain Cell Phone #: _____

Secondary Phone #: _____ Mailing Address: _____

Email Address: _____

	<u>Print Name</u>	<u>Email Address</u>	<u>Cell Phone</u>	<u>Paid/Waiver</u>
1.	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>
7.	_____	_____	_____	<input type="checkbox"/>
8.	_____	_____	_____	<input type="checkbox"/>
9.	_____	_____	_____	<input type="checkbox"/>
10.	_____	_____	_____	<input type="checkbox"/>

This is to certify that the above signed have given consent to participate in the Livingston Recreation Department Adult Coed Volleyball League. I fully recognize the City of Livingston, Recreation Manager and/or staff are not to be held liable in case of an accident or injury.

City of Livingston Recreation Department

Email: rec@livingstonmontana.org * Phone: 223-2233 / Text: 220-5291

229 River Drive * Office Hours: 9AM - 5PM; Monday – Friday

www.livingstonmontana.org/rec

