Montana AAU Volleyball
Team Roster Form

Club Name: _____
Team Name: _____
Team Representative: _____
Address: _____
City_____

Age Group: U14__U16__ U18 __
Home Phone: _____
Work Phone: _____
e-mail: _____

*** Column —** to indicate any overage players.
*** Note —** Be sure players name on roster matches their name on AAU card.

Name	AAU #	Birthdate	Grade	*

Accident / Injury Waiver
By signing this roster, the team representative or coach hereby states that all athletes and coaches listed above are fully insured for accidents and/or injuries that may be sustained while playing or observing the sport of volleyball at any Montana AAU Sanctioned Volleyball tournament. The undersigned also states that the tournament host and/or tournament site shall not be held liable for accidents and/or injuries incurred by the individuals listed above while participating in any Montana AAU Sanctioned volleyball tournament.

Name of Team Representative or Coach:

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