



David City Women's 4v4 Volleyball League Registration

Team Info:

Team Name: _____

Team Members: *(Must have at least 4 members; must be 18 years or older)*

Contact #1:

Phone: _____ Email Address: _____

Contact #2:

Phone: _____ Email Address: _____

Registration Fee: \$160 for entire team

We, _____ (print names)
hereby indemnify the City of David City and agree that the City of David City, volunteers, Recreation
Coordinator, Parks Department, or any other City of David City department or employee involved in the
management and administration of this event SHALL NOT BE LIABLE for the injury or death of any
participant in the Women's Volleyball league, which results from the actions of the above listed parties.

Signatures: _____

Date: _____