

MUD VOLLEYBALL

TEAM REGISTRATION



MANAGER NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TEAM NAME: _____

ROSTER - Name and T-Shirt Size (Min. 3 girls)

FRIDAY, JULY 5 | 9:00AM
COTTONWOOD PARK | DELTA, CO
FOOD TRUCKS
PRIZES FOR 1ST & 2ND



	Name	T-Shirt Size		Name	T-Shirt Size
Player 1			Player 2		
Player 3			Player 4		
Player 5			Player 6		

Registration Deadline July 1, 2024

Limited to 12 Teams



X	DIVISION	DAY	ACTIVITY #	FEE
	COED	FRIDAY	206200 - E	\$90

WAIVER

I, the below signed as an adult (or the parent of), do hereby release the City of Delta, its agents or employees, from liability for any injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program. I also release the rights of any pictures or videos taken of my child and team in conjunction with this program to the City of Delta. I fully acknowledge and accept the rights of the City of Delta to use such materials as pictures and videos in platforms such as, but no limited to, the City of Delta's social media accounts, website, and local newspaper ads/stories.

SIGNATURE: _____

DATE: _____