

# 2026 Summer Sand Volleyball – Entry Form



Team Name: \_\_\_\_\_

Manager: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address (Required): \_\_\_\_\_

Co-Manager, who is next best person to contact \_\_\_\_\_

Email and Phone # \_\_\_\_\_

**ALL PACKETS DUE BY FRIDAY, MAY 17.**

### Players on Team

(No Signatures needed, just player's name)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

### DEPARTMENT USE ONLY

Date Entry Received: \_\_\_\_\_

Team Fee: \_\_\_\_\_ Amount: \_\_\_\_\_ (ck or cash)

**\$180 per team**

**\*\*Make all checks payable to  
SPCRD**

## Players Roster Form Sauk Prairie Recreation Department



I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS PLAYER WAIVER AGREEMENT AND AGREE TO ABIDE BY THEM.

**League:** Coed Sand Volleyball

**Team Name:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Co-Manager:** \_\_\_\_\_

By signing below, I understand that the Sauk Prairie Community Recreation Department Volleyball League carries no insurance. I will not hold any supervisor, employee or anyone else connected with the league, liable for any injuries incurred by me or for any third party liability for which I may be responsible. I also agree to conduct myself in a responsible manner towards officials and supervisors when participating. Violations of conduct can result in suspension from the league. **Please print clearly.**

<b><u>Print CLEARLY</u></b> Player's Name	Player's Signature MUST SIGN	Player's Phone # PRINT CLEARLY	Player's E-mail Address PRINT CLEARLY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Roster Form is due the first night of league play with all signatures on form.**