CONCHO VALLEY VOLLEYBALL LEAGUE ROSTER/TEAM INFORMATION

TEAM NAME: _____

CIRCLE DIVISION 2018-2019 5TH & 6TH JH 9TH/JV VARSITY

HEAD COACH: _____

EMAIL: _____ Phone # _____

ASSISTANT COACH: _____

EMAIL: _____ Phone # _____

TEAM PARENT: _____

EMAIL: _____ Phone # _____

I (We) hereby release the Concho Valley Volleyball Summer League and its employees, SAISD, its Board of Trustees, administrators and employees from all claims from injuries or illnesses which may be sustained by my (our) child and authorize the director or his designee to select hospital facilities and/or physician of his choice, and authorized treatment of the named camper on an emergency basis in the event such treatment becomes necessary while participating in CVV Summer League.

NAME	**GRADE SCHOOL**	**PARENT/GARDIAN signature agreeing to waiver**	**DATE**