# *2015-2016 CRYSTAL VOLLEYBALL LEAGUE TEAM ROSTER*

| Division: | Men's (Mon.) ☐ | Women's (Tues.) ☐ | Co-Rec (Wed.) ☐ |
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| Team Name: | |
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| Skill Level: | Power A ☐ Power B ☐ INT A ☐ INT B ☐ Novice ☐ |
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| Level: | Gold ☐ Silver ☐ | *This indicates upper or lower within the specific skill level* |
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| Managers Name: | |
| Phone Number: | |
| Email Address: | |
| | |
| 2nd Contact: | |
| Phone Number: | |
| Email Address: | |

| PLAYER | ADDRESS | CITY | SHIRT SIZE |
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I, the undersigned, certify that the above players addresses and phone numbers are true and correct with respect to the individuals listed in that the represent their legal residence or place of employment. I further recognize that falsification of information on this roster will result in forfeiture of all games in which the fraudulent individual participated and immediate suspension of all individuals from further participation in league and/or tournament play. Participation in this league by our team members rostered above constitutes a liability release for the league director and the Crystal Recreation Department. See data privacy advisory and activity waiver on reverse side.

| Schedule Accommodations: (Date and time conflicts) | |
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DATA PRIVACY ADVISORY:

Under the Minnesota Government Data Practices Act, you are entitled to know the following about the information which the city collects from you:

1) The following information about individuals who are enrolled in a City recreational or social programs is classified as private data: name, address, telephone number, other data that identifies the individual, data that describes the individual's health or medical condition, family relationship or living arrangements and opinions about the individual's emotional make-up or behavior.

2) The information which you provide to the City on the registration form is used to process your registration request, to determine city staff, facilities and equipment needs and to assist coaches/supervisors in notifying participants of schedules and changes.

3) Participation in any recreational program and/or activity is voluntary and you are not legally required to provide the information requested on the registration form. However, if you fail to provide the information, you will not be allowed to participate in the activity or program.

4) The information which you provide will be made available to City staff persons in the Recreation Department, program participants, the City's insurer and attorney, and to the coach, supervisor or instructor of the activity who may either be a city employee or a volunteer.

**I have read and understand the above advisory.**

On behalf of myself, I give the City my permission to provide my name. address and telephone number to the supervisor, coach or instructor and other registered program participants for the purpose of administering the activity and providing me with a notice of scheduling and other pertinent program information.

**ACTIVITY WAIVER**: The undersigned understands that participation in the adult volleyball league is being offered for the benefit of the participants rostered on the reverse side. On behalf of him/herself and the rostered participants, the undersigned expressly releases and discharges the City, its agents and employees from any such claims, injuries and damages.

| Manager's Signature/Date: | |
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If you have any questions regarding this advisory, please contact the Crystal Recreation Department at 763-531-0052.