



United League High School Challenge



Rosters

Team Name: _____

Date: _____

Team Captain: _____

Alternate Captain: _____

Head Coach: _____

Home/Cell: _____

Home/Cell: _____

Home/Cell: _____

Zip Code: _____

Zip Code: _____

School District _____

School District _____

Signature _____

Signature _____

I UNDERSTAND AND AGREE THAT THE EL PASO VOLLEYBALL, 915 UNITED, AND ANY OTHER PERSON(S) CONNECTED WITH THE UNITED LEAGUE HIGH SCHOOL CHALLENGE SUMMER PROGRAM OR ACTIVITY IS HEREBY RELEASED FROM LIABILITY FOR MY INJURIES OR MEDICAL EXPENSES THAT MAY BE INCURRED AS A RESULT OF MY PARTICIPATION IN THE PROGRAM OR ACTIVITY, AND I WAIVE ANY CLAIMS FOR SUCH INJURIES OR MEDICAL EXPENSES.

Captains and Alternate Captains do not need to fill out information below if information is filled out above

Name of Player	Home/Cell Phone	Grade Level	In Case of Emergency	Signature	Email Address
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					