

Christian Volleyball League

TEAM ROSTER

Waiver: By signing this roster you are waiving any claims for injuries while taking part in all locations to which the Families of Faith Ministries Volleyball League activities and use.

SEASON 20____ VOLLEYBALL_____ SOFTBALL____ BASEBALL _____ BASKETBALL _____

TEAM NAME: _____

Team's Captain name and contact number: ______

| Print Name | Member Church | Signature |
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