

Sand Volleyball Team Information

TEAM NAME: _____

TEAM CAPTAIN: _____

ADDRESS _____

PHONE _____

EMAIL _____

Team players (Can have up to 8)

****Waiver:** Upon entering the tournament, each player on this waiver hereby waives and releases any and all rights of damage to individual players or property they have against the tournament, its staff, the Fall River County Fair board Property or Committee, or the town of Edgemont.

Date: _____ Signature: _____