

Fairbanks Volleyball Association

_____ Team Roster

(Year)

Team Name: _____

League: _____

Team Captain: _____

Phone/Email: _____

#	Player Name (print)	Email Address	Phone Number	Signature	FVA Fee
1					
2					
3					
4					
5					
6					
7					
8					
9					
#					
#					
#					
#					
#					
#					

By signing the roster, each player certifies:

- * They release the FVA, officers, & officials of all liability for injury or theft.
- * The player meets all age requirements as stated in the FVA Bylaws.
- * They agree to abide by all FVA bylaws and decisions of officers & officials.

If player has previously paid their membership fee, mark with a "P". Mark "Y" for all fees submitted with this form.

By submission of this roster, the Team Captain:

- * Agrees to ONLY play players signed up on this roster. Penalties are enforceable according to the Bylaws.
- * Has read and understands the FVA Bylaws.
- * Agrees to ID checks at the discretion of the FVA officers/officials and understands that all IDs will be checked prior to tournament matches in accordance with the Bylaws.
- * Has verified/collected the FVA Membership Fee (\$10) for all rostered players and submitted with this roster to the League Representative. Please pay with one check to the FVA with the name of the team and league included. **

This roster is due prior to play on the 3rd week of the season. Changes to the roster after the 3rd week is subject to approval from the League Representative and/or FVA President.

For questions contact: volleyballfairbanks@gmail.com

**All insufficient checks will have a \$40 additional charge and the team will not be allowed to play until a money order is submitted.