

FLORAL PARK RECREATION 2024 TEAM ROSTER

REQUIRED PROOF: VFP 2024/2025 LEISURE PASS or CURRENT VFP RESIDENT POOL PASS

Please check the Division you wish to participate in:

Men's Basketball: Division I _____ Division 2 (30 & Over) _____

Men's Volleyball: Competitive _____ Intermediate _____ Recreational _____

Women's Volleyball: Competitive _____ Intermediate _____ Recreational _____

Teen Girl's Volleyball: _____

Team Name: _____

Captain Name: _____ Signature: _____

Phone # (H) _____ (C) _____ Email Address: _____

Co-Captain: _____ Signature: _____ Phone #(H) _____ (C) _____

PLAYER NAME	ADDRESS	PHONE NO.	SIGNATURE (No initial)
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____
11) _____	_____	_____	_____
12) _____	_____	_____	_____
13) _____	_____	_____	_____
14) _____	_____	_____	_____

I understand as the patron/player individually, that I shall be liable for any property damage and/or personal injury (caused by a member, guest or any other persons) at the V.F.P. Recreation Complex for the 2024 program applied for, during any activity, function, arranged or sponsored event. It is my obligation to pay for any costs involved upon presentation of a statement thereof. I understand there will be no refunds given. Any falsification in the application information can result in the cancellation of enrollment in the program without refund. I understand we assume responsibility for our own health, and that I am healthy enough to participate in any and all activities associated with the Recreation Center. Participation in any and all activities, functions, arranged or sponsored event shall be at such person's own risk. I agree the Inc. Village of Floral Park, the Floral Park Pool, the V.F.P. Recreation Center, employees, and residents shall not be liable for any injuries or damage, including those caused by bacteria or virus, to such persons, or the property of such persons, or be the subject to any claim, demand, injury, actions or causes of action or damages, and I hereby waive, release, absolve, indemnify and agree to hold them harmless from any claim. I also acknowledge reading and agree to the policies and rules of the V.F.P. /Recreation as the prerequisite to my participation in any programs. I agree that any photos taken of participants and their guests may be used at the discretion of the V.F.P. Recreation Department or the Incorporated Village of Floral Park. The Village of Floral Park reserves the right to add or to modify the regulations when necessary.

Please return completed rosters, with fee & current V.F.P. Leisure Passes for each player by Wednesday May 29.

Employee _____ Date: _____ Paid _____ Receipt # _____

