2026 Summer High School Volleyball League - Holmen Park & Rec Dept.

Name of Team: _____ Division: _____

Team Coach/Manager: _____ Phone: _____ DOB: _____

Address: _____

Email: _____

Managers - Return COMPLETED forms with payment to Holmen Park & Rec no later than May 8, 2026

THIS FORM MUST BE FILLED OUT COMPLETELY OR REGISTRATION WILL NOT BE ACCEPTED.

Player Name	Address	Zip	Phone	Parent Signature	Shirt Size	Grade	Paid (Office use only)

Parent/Guardian - Read below before signing-

I hereby understand that my daughter is registering to participate in the programs stated on this sheet, sponsored by the Village of Holmen. In addition, I understand that this program, like all physical activity, has some inherent risk involved. Furthermore, my daughter is in good physical conditions appropriate for the stated activity and that participants must assume full responsibility for injuries incurred while taking part in these programs. No accident insurance is provided through the Village of Holmen. A doctor's release may be required after a serious illness, injury or hospitalization before returning to the program.

Coach/Manager - Please read carefully - As manager/representative of the above stated volleyball team, I hereby attest and witness that the above stated members of the team roster have of their own free will elected to participate in this years volleyball league sponsored by the Village of Holmen Park & Recreation Department. In addition, the above stated members of the team and all persons associated with your team understand that the stated activity, like most physical/athletic activity, has some degree of inherent risk involved. Furthermore, all participants are in good physical condition appropriate for the stated activity and that the above participants must assume full responsibility for personal injury incurred while taking part in the league. This also involves going to site/leaving for home during the dates of the league. No Accident insurance is provided through the Village of Holmen.

Coach/Manager Signature: _____ **Date:** _____

Attach individual player registration forms with signatures to this roster if you need to send them home to be signed.