

2008 GEEAA Official Volleyball Roster - Fall Session

Team Name: _____

Captains Name: _____ **Work #:** _____ **Cell #:** _____

Co-Captain's Name : _____ **Work #:** _____ **Cell #:** _____

I do hereby for myself, executors, administrators, and heirs, the below assignees, release the General Electric Employee Activities Association, and the GEEAA Volleyball staff, officials, and representatives from all claims or demands resulting from any and all injuries sustained while participating in or attending games, practices, or events as part of the GEEAA volleyball league. I further agree to abide by the rules and regulations established and enforced by the General Electric Employees Activities Association.

GEEAA Member's Full First and Last Name	M* S*	Social Security Number	Signature	Date Signed	Work Phone	Mail Drop
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

*Please indicate whether you are the actual member (M) or the spouse of a member (S). Non-members participating in the league games must be identified as a guest participant. If a person signing on the roster is a spouse of a member, please be sure to list the MEMBER'S social security number.

Non-GEEAA Member's Full first and Last Name	Signature	Date Signed	Work Phone
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PARENTS MUST SIGN FOR ANYONE UNDER THE AGE OF 18, OTHERWISE PLAYER WILL BE CONSIDERED ILLEGAL!