AJAX LADIES VOLLEYBALL LEAGUE
TEAM ROSTER AND WAIVER FORM

For the Team: _____ Year: 2025-2026

I, the undersigned, understand and acknowledge that I am solely responsible for my actions and outcomes while partaking in any activities affiliated with the Ajax Ladies Volleyball League (ALVA). Neither ALVA, nor its individual Executive members, nor the Durham District School Board will be responsible for any loss or damage to my personal property, or for any injuries caused or sustained by myself during or resulting from activities related to ALVA. I understand the guidelines as set by the ALVA Constitution. I understand and agree to abide by the Durham District School Board-Community Use of Schools Permit Conditions and the Rules and Regulations Governing the Use of Secondary Schools and Public School Facilities. I understand that negligence of any of these conditions may result in my expulsion or my team's expulsion from ALVA without refund. By signing below, I understand and agree to these terms and conditions.

Team Contact 1 _____ Tel # _____(h) E- mail: _____

Team Contact 2 _____ Tel # _____(h) E- mail: _____

Date of Birth	Name	Signature	Telephone #	Address	Date