Iowa Volleyball Region

4600 Park Ave, Ste 201
Des Moines, IA 50321-1367
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League Only Team Waiver Form

Updated: November 23. 2011

Email to: carol@iavbreg.org or mail or fax to address/fax above.
Form due no later than 2 weeks before 1st event.

TEAM NAME: _____

Team Gender: ☐ Female ☐ Male

League Team Level: ☐ 12th – 18U ☐ 11th – 17U ☐ 10th – 16U ☐ 9th – 15U ☐ 8th – 14U

☐ 7th – 13U ☐ 6th – 12U ☐ 5th – 11U ☐ 4th – 10U ☐ _____

CLUB NAME: _____

CLUB DIRECTOR: _____ Day Phone _____

Email: _____

TEAM REP: _____ Day Phone: _____

Email: _____

- **Please list the players to be added to this League only team roster.**
- **UNIFORM NUMBERS ARE REQUIRED** as they need to be added by the office staff.
- Club Administrators can add players with regular full memberships to league teams themselves on Webpoint.

Uniform # Required	League Only Team Players	
	First Name	Last Name