Wisconsin Independent Volleyball League

2021

ROSTER SUBMISSION

Once completed, return to: W I V L

P O Box 506 Hudson WI 54016 ~ jen@gnbl.org ~ fax 715-796-2872

Please return this roster (OR a word-process document with this information)

Online wiaver/concussion forms must be completed online for each player and coach.

Team Name: _____ **Grade: 8th 7th 6th 5th / 4th**

(Please circle One)

☐ Consent for Medical Treatment/Concussion Agreements for WIVL players are on file with GNBL

Head Coach Name: _____ **Assistant Coach Name:** _____

Head Coach Address: _____ **Assistant Coach Address:** _____

City / State / Zip: _____ **City / State / Zip:** _____

Head Coach Home Phone: _____ **Work Phone:** _____ **Assistant Coach Home Phone:** _____ **Work Phone:** _____

Head Coach Cell Phone: _____ **Email:** _____ **Assistant Coach Cell Phone:** _____ **Email:** _____

Player Information

Player Name	Jersey Number	Address	City, State, Zip Code	School Enrolled	Grade (2020-2021)