LAWRENCE PARKS & RECREATION

Lawrence Parks and Recreation
(785) 832-7920
TEAM ROSTER

NAME OF TEAM: _____ NIGHT: _____ LEAGUE: _____ DIVISION: _____

Print or Type Name:	Player's Signature:	Parent/Guardian Signature for Players under 18	Address:	Phone Number:

ALL PLAYERS MUST SIGN ROSTER

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators, waive any and all rights and claims for damages I may have against the sponsors, coordinating groups and any individuals associated with the event, their representatives, successors and assignees for all injuries suffered by me in connection with said event. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connection with said event. I recognize that there may be potential hazards in this activity. I am in good enough physical condition to participate in this activity. In filling out this form, I acknowledge that I am an amateur in such events. I also give permission for the free use of my names and picture in any broadcast, telecast or print media account of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

Manager's Signature:_____ Home Phone: _____ Work Phone: _____

Address: _____ _____ City / State / Zip: _____