

Weatherford Parks and Recreation Roster and Release Form

TEAM NAME:			COACHES NAME:	
		PHONE NUMBER:		
Circle One:	Coed Church League	Co-ed American	Co-ed National	Co-ed Competitive
		Men's American	Men's National	Men's Competitive

I, the undersigned do hereby release, absolve, indemnify, and hold harmless the City of Weatherford, its officers and its employees in the event of any accident, injury, death, or any liability of any kind whatsoever sustained by me while being transported to/from, or while participating in any activity. I agree that I have assumed all and do assume hereby all risks of injury and of loss or damage to personal property. I further acknowledge that I understand the program of activities in which I proposes to engage. I also acknowledge that I have fully examined the location of event and the rules and regulations, and I am accepting said premises, as they presently exist regardless of any defects now existing or which may exist in the future.

NAME	#	E-MAIL	PHONE	DOB	PLAYER SIGNATURE T-Shirt Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

SUBSTITUTES ON BACK



NAME	#	E-MAIL	PHONE	DOB	PLAYER SIGNATURE
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Flex Players:

Name	Full-time Team Pl	ayer Signature
1		
2		
3		