

Date Received: __

Tumwater Parks & Recreation Adult Sports

Team Roster Update

Team Captain's Name:			
Team Name:			
League/Division:			
Sport:			
□ Cornhole□ Kickball□ Volleyball□ Other:			
Addition to Team Roster:			
Player's Name:		Gender:	
Address:	City:	State:	Zip:
Phone:	Email:		
Department or the City of Tum injuries or losses that may be suf of Tumwater, in consideration of in the activity/program of the Emedical treatment for me on my	oify, and defend the City from all clawater, its hired or contracted insoffered because of my participation from permission of the City to participararks Dept. and authorize the City behalf. To the best of my know participation. I give my permission & Recreation Department.	tructors, their employed in the above activity offecte in the activity. I conservand its employees or a ledge, I don't have any	ees or agents, for any and all ered by the Parks Department ent to my child's participation agents to provide emergency physical or other conditions,
Player's Signature:		Date	:
Removal from Team Roste (Player's signature is not neede			
Player's Name:			
Please return completed	forms to Onsite Field Supervi	sor or Tumwater Pa	rks & Recreation office.
	Tumwater Parks & R	lecreation	
	555 Israel Rd.		
	Tumwater, WA 9	98501	

Phone: 360-754-4160