

# CITY OF MELBOURNE: PARKS, RECREATION AND GOLF DEPT. OFFICIAL TEAM ROSTER



TEAM NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

COACH / MGR: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\*Legal name as shown on ID must be used.

E-MAIL FOR CITY OF MELBOURNE USE ONLY

	LEGAL NAME * (Please Print)	SIGNATURE	WAIVER (Date Received)	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	ELIGIBLE FOR PLAYOFFS
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**TEAM ROSTERS MAY CONSIST OF 20 PLAYERS ONLY - UNLESS SHIFT WORK IS INVOLVED (i.e. POLICE, FIRE, MILITARY).**

By signing the above, I agree to the following: WAIVER OF LIABILITY: I understand that there are risks involved in the above mentioned program sponsored by the City of Melbourne. I accept full responsibility for any injury/accident to myself and/or my child. I hereby waive any and all claims against the City of Melbourne, the Parks, Recreation and Golf Department, their agents, employees or instructors for any accident or injury to myself and/or my child that is sustained while participating in the above mentioned program.