

ADULT TEAM ROSTER

(This form must be turned in by the first game)

Team Name: _____

Manager : _____ Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Asst. Manager: _____ Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My undersigned confirms my understanding that participation in this leisure activity is on a voluntary, amateur basis and that there may be an element of risk involved. St. Charles Parish Parks and Recreation is not responsible for any injuries or accidents, sustained and encourages all participants to obtain insurance for player protection. By acceptance of my entry, on behalf of myself, heirs and legal representatives, I hereby release and forever discharge St. Charles Parish Parks and Recreation and all its representatives from any and all claims and demands of every kind, nature and character, for any and damages, losses or injuries which I may sustain in connection with any aspect of participation in this voluntary activity.

NAME (Print)	SIGNATURE
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
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