

**CITY OF ROANOKE PARKS & RECREATION
ATHLETIC ROSTER/RELEASE FORM**

TEAM NAME _____ DIVISION _____ NIGHT _____ DATE _____

I, THE UNDERSIGNED, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES AND DO HEREBY WAIVE, RELEASE, AND AGREE TO HOLD HARMLESS THE CITY OF ROANOKE, THE ORGANIZERS, SPONSORS, SUPERVISORS, AND PARTICIPANTS FOR ANY CLAIM ARISING OUT OF AN INJURY TO THE PLAYER SIGNED BELOW.

I, THE UNDERSIGNED, HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL-BEING OF THE PARTICIPANT.

SPORT (Circle one): **SOFTBALL (20 People Max)** **ADULT BASKETBALL (12 People Max)** **VOLLEYBALL (12 People Max)**

NAME	PHONE (W)	PHONE (H)	HOME/WORK ADDRESS/CITY/ZIP	TX DL#/ BIRTHDATE	PLAYERS SIGNATURE
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20.					

TEAM MANAGER NAME (PRINT)

TEAM MANAGER SIGNATURE

MAILING ADDRESS

HOME #

WORK #

ASSISTANT MANAGER (PRINT)

ASSISTANT MANAGER SIGNATURE

MAILING ADDRESS

HOME #

WORK #