

MCMINNVILLE PARKS & RECREATION DEPARTMENT – ADULT SPORTS ROSTER

SPORT: _____ **MEN'S:** _____ **WOMEN'S:** _____ **COED REC:** _____ **COED COMP:** _____

TEAM NAME: _____ **TEAM MANAGER:** _____

ADDRESS: _____ **HM PHONE:** _____

E-MAIL ADDRESS: _____ **WK PHONE:** _____

Please read the following waiver information and complete all requested items below.

The player listed below agrees to play with the above listed team in a McMinnville Parks & Recreation Department Adult Sports League. I understand that I may not play with another team in this league without release from this contract. I also agree to abide by all league rules of play and behavior and understand that the league reserves the right, without refund, to expel any player or team from the league for unsportsmanlike conduct. I agree to assume all risk of accident or injuries sustained from whatever cause in connection therewith and release The City of McMinnville, McMinnville Parks and Recreation, McMinnville School District #40 and their officers, agents, and employees from any and all liability for such accident or injury. I am aware of the risk and hazards connected with the above league for which I have registered. Having read the above, I agree to sign below.

	Name (Print)	Email Address	Phone	Signature
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