

Lake Charles Recreation and Parks
ADULT TEAM ROSTER FORM

TEAM NAME: _____

SPORT: _____

PLEASE PRINT LEGIBLY

Manager:	Home Phone:	Fax:
Address:	Work Phone:	Email:
City: ST: Zip:	Pager:	

Asst. Manager:	Home Phone:	Fax:
Address:	Work Phone:	Email:
City: ST: Zip:	Pager:	

SPORT: (Circle One)

My undersigned signature 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. The City of Lake Charles is not responsible of any injuries or accidents sustained and encourages all participants to obtain insurance for player protection. On behalf of myself, my heirs and my legal representative, I do hereby release and forever discharge the City of Lake Charles and all its representatives from any and all claims and demands of every kind, nature and character, for any and all damages, losses, or injuries which I may sustain in connection with any aspect of participation in this voluntary amateur activity.

Name (please print)	Signature	DOB	Phone #	Date Added or Dropped	Office Use
1.					
2.					
3.					
4.					
5.					
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9.					
10.					
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19.					
20.					

SIGNED: _____
 (Head Coach)

LAKE CHARLES RECREATION AND PARKS
MINOR WAIVER FORM
for
ADULT SPORTS LEAGUE

Player's Name: _____ Date of Birth: _____

Date: _____ Team Name: _____

Player's Address: _____

MINOR MUST BE 16 YEARS OF AGE WHEN THE SEASON BEGINS

_____ has my permission to play with the _____ adult league team. I understand that as a parent/guardian, I am responsible for providing my own health insurance coverage for my child. I understand that the sponsors, the City of Lake Charles and the coaches are not responsible for any injuries or accidents sustained by my child.

The City of Lake Charles suggests that participants have a complete physical exam before practice begins. The Lake Charles Recreation and Parks Department rules state that no player for this team can be on the roster of any other team for the season.

(I), _____, agree to release and hold harmless the City of Lake Charles, its officers and employees, agents or representative from all claims, causes of action, demands, suits, liability, and costs for property damage, personal injury, medical expenses, attorney fees and any other expenses arising out of or relating to my child's voluntary participation in this leisure activity.

I also understand that any attempt to falsify a players age will result in the entire team being made to forfeit all games played in by said player.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS _____ (INITIALS)

Parent/Guardian's Signature _____