

VII HILLS RECREATION DEPARTMENT
ADULT SPORTS ROSTER

In consideration of the City of Seven Hills and the Recreation Department granting me permission to engage in the recreational activity set forth, the undersigned (do) does hereby waive, release, save, and hold harmless and indemnify the City of Seven Hills, the Recreation Department, their organizers, officers, employees, agents, and sponsors for any and all claims for damage for personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Seven Hills, the Recreation Department, their organizers, officers, employees, agents and sponsors.

The undersigned further assume the risk of all dangerous conditions in and about the City of Seven Hills and its Recreation Department property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any.

TEAM MANAGER INFORMATION

LEAGUE: _____ TEAM NAME: _____ TEAM NO: _____

MANAGER: _____ ADDRESS: _____

CITY: _____ ZIP: _____ HOME PH: _____ BUS. PH: _____

MANAGER'S SIGNATURE: _____ DATE: _____

E-MAIL ADDRESS: _____

PLAYER INFORMATION

1. PRINT NAME: _____ ADDRESS: _____

CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____

HM PH: _____ BUS PH: _____

SIGNATURE: _____ RESIDENT? (Yes/No)

2. PRINT NAME: _____ ADDRESS: _____

CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____

HM PH: _____ BUS PH: _____

SIGNATURE: _____ RESIDENT? (Yes/No)

3. PRINT NAME: _____ ADDRESS: _____

CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____

HM PH: _____ BUS PH: _____

SIGNATURE: _____ RESIDENT? (Yes/No)

4. PRINT NAME: _____ ADDRESS: _____

CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____

HM PH: _____ BUS PH: _____

SIGNATURE: _____ RESIDENT? (Yes/No)

5. PRINT NAME: _____ ADDRESS: _____

CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____

HM PH: _____ BUS PH: _____

SIGNATURE: _____ RESIDENT? (Yes/No)

13. PRINT NAME: _____ ADDRESS: _____
CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____
HM PH: _____ BUS PH: _____
SIGNATURE: _____ RESIDENT? (Yes/No) FEE PAID ____ DATE: _____ EMPL: _____

14. PRINT NAME: _____ ADDRESS: _____
CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____
HM PH: _____ BUS PH: _____
SIGNATURE: _____ RESIDENT? (Yes/No) FEE PAID ____ DATE: _____ EMPL: _____

15. PRINT NAME: _____ ADDRESS: _____
CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____
HM PH: _____ BUS PH: _____
SIGNATURE: _____ RESIDENT? (Yes/No) FEE PAID ____ DATE: _____ EMPL: _____

16. PRINT NAME: _____ ADDRESS: _____
CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____
HM PH: _____ BUS PH: _____
SIGNATURE: _____ RESIDENT? (Yes/No) FEE PAID ____ DATE: _____ EMPL: _____

17. PRINT NAME: _____ ADDRESS: _____
CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____
HM PH: _____ BUS PH: _____
SIGNATURE: _____ RESIDENT? (Yes/No) FEE PAID ____ DATE: _____ EMPL: _____

18. PRINT NAME: _____ ADDRESS: _____
CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____
HM PH: _____ BUS PH: _____
SIGNATURE: _____ RESIDENT? (Yes/No) FEE PAID ____ DATE: _____ EMPL: _____

19. PRINT NAME: _____ ADDRESS: _____
CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____
HM PH: _____ BUS PH: _____
SIGNATURE: _____ RESIDENT? (Yes/No) FEE PAID ____ DATE: _____ EMPL: _____

20. PRINT NAME: _____ ADDRESS: _____
CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____
HM PH: _____ BUS PH: _____
SIGNATURE: _____ RESIDENT? (Yes/No) FEE PAID ____ DATE: _____ EMPL: _____