

City of Golden Parks and Recreation Roster

I hereby certify that I have read or had read to me the City of Golden Risk and Release form on the reverse side and that I fully understand and knowingly and voluntarily agree to the terms thereof.

Team Name _____

Team Manager	Home #	Course #
Address	Work #	Sport
City	Cell#	Division
Zip	Email	Day

Please PRINT clearly and neatly.

	Last Name	First Name	Address	City	Zip	Phone	Signature	Date
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								