



**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 HEARBY 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 CAREPRESCRIBED BY A DULY LICENSED DOCTOR OF MEDINCINE 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)      ADULT VOLLEYBALL (12 People Max)  
 YOUTH VOLLEYBALL (12 People Max)      YOUTH BASKETBALL (12 People Max)      YOUTH SOFTBALL (12 People Max)

NAME	PHONE (W)	PHONE (H)	HOME/WORK ADDRESS/CITY/ZIP	TX DL#/ BIRTHDATE	PLAYERS SIGNATURE
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2.					
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TEAM MANAGER NAME (PRINT)

\_\_\_\_\_  
TEAM MANAGER SIGNATURE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
HOME #

\_\_\_\_\_  
WORK #

\_\_\_\_\_  
ASSISTANT MANAGER (PRINT)

\_\_\_\_\_  
ASSISTANT MANAGER SIGNATURE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
HOME #

\_\_\_\_\_  
WORK #