Print Name	Signature	Residence Address	Home Phone	Resident	Resident
		(Street Address and City)		Resident	ricoldoni
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
Add					

PRINT or TYPE **INSTRUCTIONS:**

. . .

Team Name

responsibility.

List all non-resident players first. Fill out completely and accurately.

Season

Use residence address only. Inaccurate information will be cause for non-acceptance. **.**. _

I hereby contract to fully abide by the rules and regulations established by the Parks and Recreation Department of the City of Hillsboro governing the Flag Football program. Infraction of those rules can result in dismissal from the program of the individuals involved, and possibly dismissal of the team.

Coed 7v7 Soccer Roster and Participant Release Form

Year

I agree, that in consideration of the services rendered and to be rendered by the Parks and Recreation Department, the organizers, sponsors and supervisors, that I assume all risks and hazards incidental to the conduct of this activity including but not limited to the risk of personal injury attendant therewith. I hereby release, absolve, indemnify and hold harmless the Parks and Recreation Department, the organizers, sponsors and supervisors, any and all of them. In the event of personal injury, I waive all claims to damage against the above mentioned parties. I understand that there is no insurance coverage provided for this activity and further understand that the acquisition of insurance coverage is my personal

ALL players must be 18 years of age or older

Please check only one below

llsboro

Parks & Recreation

FOR COMPANY TEAMS ONLY: I hereby certify that the above listed players are full-time employees of the ______company in the City of Hillsboro.

Personnel Officer Signature:

Personnel Officer:

(Please Print Name)

Phone Number: ____