

Joliet Park District Athletic Department - Team Roster Form

Sport: _____	League: _____
Team Name: _____	Manager's Name: _____
E-Mail: _____	Main Phone: _____
Address: _____	City: _____ ZIP: _____

Each player should read the following prior to signing:

- I understand that I am limited to one team per evening, in the Joliet Park District Athletic Leagues unless I am playing Co-ed and a gender specific league.
- I understand that alcoholic beverages are not allowed on Park/School properties and in the event they are they must be purchased from that facility.
- I agree to abide by the rules and regulations pertaining to the Joliet Park District league in which I am participating.

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs; I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees; I do hereby fully release and discharge the Park District, and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which may have or which may accrue to me on account of my participation in the program; I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out, connected with, or in any way associated with the activities of the program.

Please Print:

Players Name:	Address, City, Zip	Phone	Signature	Date
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2.				
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Manager's Verification: I am the manager of the above team and say to the best of my knowledge all the above information is correct, does not include assumed names, and that each player has signed his own name and assumes all risks.

Manager's Signature: _____

Date: _____