



Tumwater Parks & Recreation
 555 Israel Road SW
 Tumwater, WA 98501
 (360) 754-4160
 tumwaterparks@ci.tumwater.wa.us

ADULT SPORTS LEAGUE TEAM ROSTER

Date Received: _____

Team Name: _____ League: _____ Season: _____

Team Captain's Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

	Player's Name	E-mail Address	Phone	Player's Signature	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

I agree to hold harmless, indemnify, and defend the City from all claims that might be filed against the Parks & Recreation Department or the City of Tumwater, its hired or contracted instructors, their employees or agents, for any and all injuries or losses that may be suffered because of my participation in the above activity offered by the Parks Department of Tumwater, in consideration of permission of the City to participate in the activity. I consent to my participation in the activity/program of the Parks Dept. and authorize the City and its employees or agents to provide emergency medical treatment for me on my behalf. To the best of my knowledge, I don't have no physical or other conditions, which would interfere with my participation. I give my permission to have my photo taken during activities and used for publicity purposes by the Parks & Recreation Department.

I certify that the above roster is correct..

(Signature of Team Captain)