



**SPRINGFIELD-GREENE COUNTY PARK BOARD  
ADULT ATHLETICS ORIGINAL ROSTER**

The player or manager that signs this form agrees that all their information is correct on this roster form. The undersigned, in consideration of participation in or as a spectator of this Springfield-Greene County Park Board activities, agrees to indemnify, hold harmless and release the City of Springfield, its agents, and employees from all liability for any injury which may be suffered by the below named individual(s) registered in the activity arising out of or in any way connected with participation in this activity. Also, the undersigned and participant hereby grant permission to record and use the participant's likeness and/or voice for use by television, films, radio, printed media, social media, or other electronic format to further the aim of the Springfield-Greene County Park Board (Park Board) programs in related campaigns, magazines articles, booklets, posters, and other ways the Park Board sees fit. By signing this roster form, I acknowledge that I have read and agree to abide by the Code of Conduct and all rules and expectations of the Fieldhouse Sportscenter.

TEAM NAME \_\_\_\_\_

HEAD COACH \_\_\_\_\_

LEAGUE NIGHT \_\_\_\_\_

DIVISION \_\_\_\_\_

	NAME	ADDRESS	CITY & ZIP	PHONE #	SIGNATURE	E-MAIL
C						
C						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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14						
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17						

**This roster must be turned in to your playing location on the 1<sup>st</sup> week of your league!**

APPROVED BY ATHLETICS OFFICE ON \_\_\_\_\_

INITIALS \_\_\_\_\_

# SPRINGFIELD-GREENE COUNTY PARK BOARD

## ADULT ATHLETICS ROSTER

### ADD ON FORM



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TEAM NAME \_\_\_\_\_ HEAD COACH \_\_\_\_\_

LEAGUE NIGHT \_\_\_\_\_ DIVISION \_\_\_\_\_

	NAME	ADDRESS	CITY & ZIP	PHONE #	SIGNATURE
1					
2					
3					
4					
5					
6					

APPROVED BY ATHLETICS OFFICE ON \_\_\_\_\_

INITIALS \_\_\_\_\_