

**CITY OF MELBOURNE: PARKS, RECREATION AND GOLF DEPT.
OFFICIAL TEAM ROSTER**



TEAM NAME:

COACH / MGR:

PHONE:

E-MAIL:

Team Rosters need to be filled out completely to be eligible.

E-MAIL FOR CITY OF MELBOURNE USE ONLY

	NAME (Please Print)	STREET ADDRESS	CITY / ZIP	CELL	EMAIL	SIGNATURE
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TEAM ROSTERS MAY CONSIST OF 20 PLAYERS ONLY - UNLESS SHIFT WORK IS INVOLVED (i.e. POLICE, FIRE, MILITARY).

By signing the above, I agree to the following: **WAIVER OF LIABILITY:** I understand that there are risks involved in the above mentioned program sponsored by the City of Melbourne. I accept full responsibility for any injury/accident to myself and/or my child. I hereby waive any and all claims against the City of Melbourne, the Parks, Recreation and Golf Department, their agents, employees or instructors for any accident or injury to myself and/or my child that is sustained while participating in the above mentioned program.

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