

Team Name \_\_\_\_\_ Division \_\_\_\_\_

League Administrator: Sean Finney/ Sue Falash      Agency: Lacey Parks & Recreation Dept      Phone: (360) 491-0857

	Players Name (print) (#1 Team Captain)	Signature	Home Address	City	ZIP	Hm Phone	Cell Phone	DOB
1		"As team captain, I agree to be responsible to pay the required registration fee". Signature _____ Date _____						
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I certify that the above information is true and accurate to the best of my knowledge. I fully understand that any falsification of any information may be grounds for suspension from participation. I understand, and agree to abide by, league rules. In consideration for the City of Lacey Parks & Recreation Department, I by signing my name, assume all risks and hazards incidental to the conduct of the activity. I do further release, absolve, and waive any right to bring a claim, action, suit or other proceeding against the City of Lacey, and or the Lacey Parks & Recreation Department for damages due to any injuries suffered as a result of participation in the program except for the sole negligence of the City. I further understand and agree that the City of Lacey provides no medical or dental insurance of any kind or type regarding injuries received by participating in this Lacey Parks & Recreation Department sports league. *Information provided may be subject to public disclosure, if requested.*