



LEAGUE PLAYER ROSTER

TEAM NAME: _____ DIVISION: _____

TEAM CAPTAIN: _____ EMAIL: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

PRIMARY PH NUMBER: _____ ALTERNATE PH: _____

TEAM CAPTAIN SIGNATURE: _____

MEDICAL RELEASE/WAIVER

I do hereby authorize the City of Brownsville Parks & Recreation Department to provide emergency medical treatment to me in the event of an emergency need for such treatment. I further authorize the treatment to be provided by the licensed medical practitioner or facility determined by the staff to be best able to serve my needs, and further, I understand that I am totally responsible for any expense associated with such treatment. My safety is always the City's number one concern. I understand that every effort will be made to contact the person that has been designated by me as soon as possible after such an occurrence. I hereby agree not to sue the City of Brownsville, staff, and instructors, if I am injured in any manner while participating in said program. I will hold the City of Brownsville, staff and instructors harmless from all monetary damages, including punitive damages, imposed by any lawsuit filed related to any injury I may receive while participating in said program. I understand that by signing this I give up all rights to sue the City of Brownsville, staff, and instructors.

All information must be provided for all team participants.

| NAME: AS ON OFFICIAL ID | SHIRT SIZE | ADDRESS | PHONE # | SIGNATURE |
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***ROSTERS MUST BE COMPLETE AND TURNED IN TO RECREATIONAL ATTENDANT BY 1ST LEAGUE GAME**