

Nickel League TEAM ROSTER



Team Name _____
 Manager's Name _____
 Manager's Address _____
 Manager's e-mail _____ Manager's phone # _____

Office USE Only FEE

As a participant, I understand that the Valley City Parks & Recreation District does not carry insurance for the participants in any programs. I accept the policy that no refunds are given once the program or deadlines have past and I accept the facilities and any equipment being used for the program.

	Player's Name	Player's Signature	Address including city, state, & zip	Phone #	E-mail
1					
2					
3					
4					
5					
6					
7					
8					

In consideration of the right of a minor to participate in VCPR programs the undersigned agrees to waiver any claims for loss or injury against VCPR its members, affiliates and sponsors for any accidents or injuries to person or property.

	Player's Name	Parent/Guardian's Signature
1		
2		
3		
4		

	Player's Name	Parent/Guardian's Signature
5		
6		
7		
8		

I hereby accept full responsibility for the conduct of all individuals connected with this team.
 Manager's Signature _____ Date _____