

TEAM ROSTER



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

Office USE Only FEE	
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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					

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