

Sports Team Registration Form



TEAM NAME: _____
MANAGER'S NAME: _____
ADDRESS: _____
E-MAIL ADDRESS: _____
CELL PHONE: _____

Sunday - Monday - Tuesday - Wednesday - Thursday - Friday

- | | |
|---------------------|-----------------------|
| COED Softball | Men's Softball |
| COED Volleyball | Women's Volleyball |
| Men's Basketball | Women's Basketball |
| Men's Indoor Soccer | Women's Indoor Soccer |
| High School Soccer | |

ALL PLAYERS MUST SIGN ROSTER BEFORE YOUR TEAM CAN BE REGISTERED

	PLAYER NAME	PLAYER'S SIGNATURE	EMAIL ADDRESS	CELL PHONE NUMBER
1				
2				
3				
4				
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7				
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In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators, waive any and all rights and claims I may have against the Emporia Recreation Commission for all injuries suffered by me in connection with said program. Emporia Recreation Commission is not responsible for the loss of personal items nor any other form of aggravation in connection with said program. I understand I am responsible for damages due to my disrespect of any property belonging to or used by Emporia Recreation. I understand that there may be potential hazards in this activity and that I am in good enough physical condition to participate in this activity. In filling out this form, I acknowledge that I am an amateur in such events. I also give permission for the free use of my name and picture in any broadcast, telecast, or print media account of this event. In filling out this form I acknowledge I have read and fully understand my own liability and do accept the restrictions.