

LAFAYETTE CONSOLIDATED GOVERNMENT PARKS AND RECREATION DEPARTMENT TEENER TEAM ROSTER

TEAM NAME: _____

Manager: _____

Address: _____

City: _____

Phone: (H) _____ (W) _____

P.O. BOX 52113
LAFAYETTE, LA 70505
PHONE: 291-8362

Team Captain: _____

Address: _____

City: _____

Phone: (H) _____ (W) _____

SPORT: (Circle One) Softball Flag Football Basketball

DIVISION: (Circle One) Male Female Co-Ed

My undersigned signature confirms my understanding that participation in this leisure activity, by my child, is on a voluntary basis and that there may be an element of risk involved. L.C.G.P.R.D. is not responsible for any injuries or accidents sustained and encourages all participants to obtain insurance for player protection. By acceptance of my child's entry, on behalf of myself, heirs and legal representative, I do hereby release and forever discharge L.C.G.P.R.D. and all its representatives from any and all claims and demands of every kind, nature and character, for any and all damages, losses, or injuries which my child may sustain in connection with any aspect of participation in this voluntary activity. I also recognize that by authorizing my child to participate, I acknowledge that physical activity is involved in this program and that a minimum physical standard in the participant is required to compete.

NAME (print)	ADDRESS	PHONE	DOB	SCHOOL	PARENT'S SIGNATURE
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3.					
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Basketball roster limit is 15 players (this includes a player/coach)

Office Use Only
