



Official Team Roster and Hold Harmless Agreement

Roster Additions (Roster maximum = 20)

FOR OFFICE USE ONLY:	
Date Received:	
Received By:	NR's:
Fees Due:	Paid By:
Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied	

Team Name	League <input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Coed	Division <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Rec	Night <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Manager's Name	Manager's Signature		

Hold Harmless: I, the undersigned, wish to participate in the activities comprising the recreational program identified above. I understand that the Activity may entail vigorous physical movement, physical contact and exertion, and exposure to extreme weather elements. As a result, property damage, physical injuries and accidents may occur. Such potential injuries include strains, sprains, cuts, abrasions, broken limbs, and even death. To the extent that motorized transportation is required, additional risks associated with vehicular collisions may also be encountered. I understand that in addition to the above-mentioned risks, there may be other unpredictable dangers involved in said Activity.

I voluntarily and knowingly release the City of Concord, and its officers, employees, volunteers, agents and any persons or entities with which/whom the City is now or in the future affiliated (collectively, the "City") from any and all liability, lawsuits, or claims for injuries, death, or property damage resulting from, arising out of, or in any way connected with my involvement in the Activity. This waiver and release shall apply even in the event that such personal injury, death, or property damage is caused or contributed to in whole or in part through the passive or active negligence of the City (with the exception of sole, active negligence, or willful misconduct). I further acknowledge that this Waiver and Release From Liability / Assumption of Risk is binding on my heirs and dependants, as well as myself.

I also certify that I am not aware of any physical/health conditions that would create a likelihood of harm/injury should I participate in this Activity or any similar recreational pursuit.

Use of participant photographs: In addition to the forgoing, I give consent to Concord Community & Recreation Services or any other media agency to photograph me and to use such photographs in brochures, newspapers or other forms of media describing City of Concord activities.

PLEASE PRINT LEGIBLY – Must be completely filled out for each player.

Last Name	First Name	Birthdate	Home Phone
Home Address	City	Zip	Cell Phone
Do you or did you play on a league team in 2009 or 2010? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what levels? <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Recreational		Did you play any tournaments since January 1, 2009? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what levels? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Player Signature			Date

Last Name	First Name	Birthdate	Home Phone
Home Address	City	Zip	Cell Phone
Do you or did you play on a league team in 2009 or 2010? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what levels? <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Recreational		Did you play any tournaments since January 1, 2009? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what levels? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Player Signature			Date

Last Name	First Name	Birthdate	Home Phone
Home Address	City	Zip	Cell Phone
Do you or did you play on a league team in 2009 or 2010? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what levels? <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Recreational		Did you play any tournaments since January 1, 2009? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what levels? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Player Signature			Date