

TEAM ROSTER

Team Name: _____

Date: _____

Activity: _____

Proof of Payment (Invalid if not completed)	
Date	_____
Paid	\$ _____
Receipt #	_____
Initials	_____

Read the following waiver statement before completing and signing:

I/We, the below named person(s), participating in the above named activity, hereby agree to my/our participation in any and all activities associated with this. I/We assume all risks incidental to the conduct of the activity. I/We do further release, absolve, indemnify, and hold harmless the Parks & Recreation Department of the City of Leavenworth, the sponsors, and the supervisors, any and all of them. In case of injury to myself/ourselves, I/we waive all claims against the organization, sponsors, or any of the supervisors appointed to them. I/We likewise release from responsibility any person transporting myself/ourselves to or from the activities. I/We will furnish a birth certificate and verification of place of residence if so requested by the City.

Player's Name	Signature	Home Address	Email

Team Manager's Affidavit

I, _____, the manager of the above team, declare that all of the information supplied above is correct to the best of my knowledge. All of the players signed the above in their own handwriting. All players are eligible to compete with my team in the league. I also understand that I am responsible to ensure all of the City rules are followed.

Signature

Phone

Address

Email

For more information, contact Tabor Medill at 913-758-6648
parksandrec@firstcity.org