AAPS REC & ED OFFICIAL TEAM ROSTER & PLAYER CONTRACT

YEAR: _____

SEASON: FALL WINTER SPRING SUMMER **SPORT**: VB Softball Kickball Baseball Basketball

For this roster-contract to be valid it must be filled out completely, submitted with all appropriate fees and approved by the League Director. Any added players must appear on this roster, pay all required fees (including non-resident and late add fees) and be verified by League Director. If a Manager is a player, his/her name must appear on the roster. All players must carry legal picture ID to every game.

TEAM NAME	LEAGUE NAME	MANAGER NAME	MGR HOME/CELL/WORK PHONE #'s	MANAGER EMAIL ADDRESS

By listing my name on this roster-contract I understand that I am a member of this team until a release is obtained or by transferring under the rules of the Community Education & Recreation and grant permission to use photographs for presentation and commercial purposes. Participants under 18 yrs of age must submit a consent form signed by a Parent/Legal Guardian prior to the minor's participation to the League Director.

ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY FOR INJURY BY PARTICIPANT: I hereby acknowledge that I have been properly advised, cautioned and warned by the Community Education & Recreation that by participating in Adult Sports, I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures, ligament(s) or cartilage damage which could result in temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport. Furthermore, I realize that there is no Benefit Fund and I will assume personal responsibility in case of injury resulting from participation in this activity. Moreover, I realize that the Community Education & Recreation does not necessarily guarantee the presence of trained medical personnel on site at every activity. I also agree to abide by the rules and regulations of the programs and the rules of good sportsmanship and fair play on and off the field/court.

PLAYER'S NAME	BIRTH DATE	RESIDENCE (Street, City, State, Zip)	PHONE	EMAIL ADDRESS	AAPS District Resident Y or N	Office Use Only