

# City of Smithville Parks & Recreation Departments-Official Adult Kickball Team Roster Form

Team Manager's Name: \_\_\_\_\_ Team Name: \_\_\_\_\_ Color: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Divisions** (Please circle one):      **CO-ED**      **Men's**      **Women's**

Each player and team manager **MUST read the Hold Harmless Clause** below before completing and signing this roster. Each team member including the manager must sign this form themselves. Players 16 and 17 years old must also have a parent signature. Team managers must be listed as 1 of the 20 players on the roster and be at least 18 years old. Each player is required to carry a valid driver's license or official picture identification with their date of birth indicated throughout the entire league. Team managers are responsible for gathering the team fee and submitting it and the completed roster by registration deadline. ***Must be appropriate age as of registration deadline.***

First Name	Last Name	Players #	Gender	D.O.B.	Phone #	Email	Player's Signature	Parent Signature
*1								
*2								
*3								
*4								
*5								
*6								
*7								
*8								
*9								
*10								
*11								
*12								
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20								

**HOLD HARMLESS CLAUSE** - I do hereby release, absolve, indemnify, and hold harmless the City of Smithville and its employees, activity officials, activity supervisors, volunteers, any and/or all of them in the event of any accident, injury or death sustained while being transported to or from an activity, or while participating in any activity, from any liability of any kind whatsoever. I also agree to abide by the rules of the organization and give permission for any photographs taken during these activities to be utilized for promotional uses by the Smithville PARD now and in the future. By signing the roster, I agree with the above terms and rules.

**TEAM MANAGERS SIGNATURE:** \_\_\_\_\_

**Office Use:** Cash: \$ \_\_\_\_\_ CC: \$ \_\_\_\_\_ Check: \$ \_\_\_\_\_ # \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Staff Initial: \_\_\_\_\_