

LAFAYETTE CONSOLIDATED GOVERNMENT PARKS AND RECREATION DEPARTMENT ADULT TEAM ROSTER

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

TEAM NAME: _____

Manager: _____

Address: _____

City: _____

Phone: (H) _____ (W) _____

COMPANY NAME: _____
(If Employee League)

Asst. Manager: _____

Address: _____

City: _____

Phone: (H) _____ (W) _____

SPORT: (Circle One) Volleyball Flag Football Basketball

DIVISION: (Circle One) Male Female Co-Ed

My undersigned signature confirms my understanding that participation in this leisure activity is on a voluntary, amateur 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 entry, on behalf of myself, heirs and legal representative, 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 I may sustain in connection with any aspect of participation in this voluntary activity.

NAME (print)	SIGNATURE	D. LICENSE #	ADDRESS	PHONE	SSN	DOB
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Volleyball roster limit is 12 players

Basketball roster limit is 15 players (this includes a player/coach)

Office Use Only
