



Medford Parks and Recreation Youth Team Roster



TEAM NAME: _____

LEAGUE DIV./TOURNEY: _____

Coach's Name: _____

Year _____

Address: _____

Sport _____

City/Zip: _____

Phone: _____

Email: _____

Hotel: _____

WAIVER OF LIABILITY (all participants must sign): In consideration of the acceptance of my entry in this activity, I, the undersigned, having fully informed myself of the risks involved, FREELY AND VOLUNTARILY AGREE TO ASSUME ALL RISKS incident to or arising from my participation in this activity. I attest and verify, having full knowledge of my physical condition and limitations that I am physically fit and have sufficiently trained for my participation in this activity. I further WAIVE AND RELEASE for myself, my heirs, assigns, executors and administrators the City of Medford, it's officers and employees, from any and all claims for damages or injury, known or unknown, that I may have against them incident to or arising from my participation in this activity. I will also assume and pay my own medical and emergency expenses in the event of accident, illness, or other incapacity incident to or arising from my participation in this activity and consent to emergency medical care provided by ambulance or hospital personnel. JUVENILES: Parents signature must accompany yours.

Player's Name (Print)	Birth Date	Age	Address	Phone #	Email	Parent Signature
1.						
2.						
3.						
4.						
5.						
6.						
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20.						