

**METRO PARKS ATHLETICS
ADULT SPORTS ROSTER SHEET**

4101 Cadillac Court
Louisville, Ky 40213

PHONE: (502) 574-4515

**ATHLETICS CONTRACT
(COACH PLEASE FILL OUT COMPLETELY)**

We, the undersigned, do hereby agree to play with the team named below until properly released. We agree upon our honor to abide by the rules governing this league. In consideration of my participation, I do hereby, for heirs, my executors, administrators, and myself waive, release, and forever discharge any and all rights and claims for damages which I may hereafter accrue to me against the sponsors of this activity, Louisville Metro Parks and Recreation Department. **The Louisville Metro Parks and Recreation Department** or their respective officers, agents, representatives, successors, and/or assign for any and all damages which may be sustained by me in connection with said association and/or arising by traveling to, participation in and return from said activity. The undersigned understands and agrees that participation is entered at his/her own risk in all respect.

Photo Release Information

The Louisville/Jefferson County Metro Parks & Recreation Department documents recreation programs for promotional use year round. Photographs and videotape may be taken to be used in brochures, seasonal program guides, public event displays, department program videos, web site, or other uses. By placing your signature on this form the Louisville/Jefferson County Metro Parks & Recreation Department has your permission to photograph or videotape your child or yourself while participating in various activities.

The Athletics Office will eliminate any players over the first (16) twenty listed.

Must be the original contract NO FAXES ACCEPTED.

TEAM NAME: _____

LEAGUE: _____

COACH NAME; _____

ADDRESS: _____ **ZIP CODE:** _____

DAY PHONE: _____ **NIGHT PHONE:** _____

EMAIL: _____

**ADDING OR DELETING PLAYERS SEE LEAGUE RULES FOR
DETAILS. NO FAX COPIES ACCEPTED! ORIGINALS ONLY!**

RULES AND COACHING AGREEMENT

I HAVE READ THE LOUISVILLE METRO PARKS ATHLETICS DEPARTMENT RULES/GUIDELINES AND FULLY UNDERSTAND THE RULES, AND AGREE TO COACH ACCORDING TO THE RULES AND DO HEREBY CERTIFY THE FOLLOWING PLAYERS HAVE SIGNED THEIR OWN NAME IN THEIR OWN HANDWRITING AND ARE IN ALL WAYS ELIGIBLE TO COMPETE IN THE METRO PARKS ATHLETICS DEPARTMENT LEAGUES.

COACH'S SIGNATURE: _____ **Date:** _____

All players must fill this roster form out completely and must sign in his or her own handwriting. Final rosters must be turned in to the Athletics Office BEFORE the start of team's THIRD game. FAILURE to do so will result in team being ineligible until roster is received. Rosters may be turned in to the Scorekeeper BUT it's the TEAM CAPTAIN'S responsibility to ensure rosters are on file with the Athletics Staff.

PRINT NAME	SIGNATURE	Age	Phone	Email	Shirt Size

Players released from roster:

Name of Player:

Date:

Players added to roster (must be turned in to athletics by the start of the THIRD game)

PRINT NAME	SIGNATURE	PHONE	EMAIL