



COQUILLE PARKS & RECREATION



CO-REC ADULT KICKBALL ROSTER FORM

THERE IS A MANDATORY CAPTAINS MEETING ON JULY 29, 2010 AT COQUILLE AT 7:00 PM. PLEASE BRING THIS COMPLETED ROSTER WITH YOU TO THE MEETING. PLEASE CALL 985.892.9829 OR EMAIL US AT TIFFANYR@COQUILLERECREATION.COM FOR MORE INFORMATION ABOUT THE GENERAL LEAGUE INFORMATION.

TEAM NAME:					
PRINT PARTICIPANT NAME	SIGNATURE OF PARTICIPANT	ADDRESS	PHONE #	DATE OF BIRTH	READ WAIVER?
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

THE PARTICIPANT ASSUMES ALL RISKS ASSOCIATED WITH PARTICIPATION IN THE PROGRAM; COQUILLE RECREATION ASSUMES NO LIABILITY FOR INJURY OR DAMAGES ARISING FROM PARTICIPATION IN THE PROGRAM. DUE TO THE STRENUOUS NATURE OF SOME ACTIVITIES, COQUILLE RECREATION ENCOURAGES EACH PARTICIPANT TO CONSULT HIS OR HER PHYSICIAN CONCERNING FITNESS TO PARTICIPATE IN THE PROGRAM. THE PARTICIPANT CONSENTS TO EMERGENCY TREATMENT. THE PARTICIPANT ALSO CONSENTS TO COQUILLE RECREATION'S USE OF ANY PHOTOGRAPHS TAKEN OF THE PROGRAM. I AGREE TO ABIDE BY ALL THE RULES & REGULATIONS OF COQUILLE RECREATION. I ALSO AGREE TO RESPECT ALL LEAGUE OFFICIALS & COMMUNICATE WITH THEM IN AN APPROPRIATE MANNER. I AM AWARE THAT THIS LEAGUE IS A RECREATIONAL SPORT, WHICH IS DESIGNED FOR FUN & ANY UNSPORTSMANLIKE CONDUCT FROM ANY PLAYER WILL RESULT IN REMOVAL FROM THE LEAGUE WITHOUT REFUND.

DATE ROSTER COMPLETED BY ALL TEAM MEMBERS: _____