ADULT KICKBALL 2019 SUMMER SEASON ROSTER

DURANGO PARKS & RECREATION - REGISTRATION & ROSTER FORM

Team Name: _____ **Team Sponsor:** _____

REQUEST LEAGUE DIVISION

☐ Mondays AKB1

☐ Thursdays AKB2

Captain: _____ Co-Captain: _____

E-Mail: _____ E-Mail: _____

Phone: _____ Phone: _____

ALL PLAYERS MUST READ THE "WAIVER OF PARTICIPATION" BEFORE SIGNING THIS ROSTER

WAIVER OF PARTICIPATION: In consideration of your accepting the entries on this registration form, I hereby, for myself and my family members waiver and release any and all rights and claims for damages I may have against the City of Durango and its representatives, employees, successors and for all and any injuries suffered by myself or my family members at the above designated activities sponsored by the Parks & Recreation Department. I understand that I or my child may be photographed while engaged in recreational activities, and give permission for photographs to be used to publicize activities for the Parks and Recreation Department. I further understand that the City of Durango will not distribute such photographs to other parties or entities and will limit the use of such photographs, as stated herein.

Players not signed on this roster are not eligible to play for this team.

(For players 14-17 years of age a parent/guardian must sign acknowledging this "Waiver" to play. Sign On Back Side Page Two.)

PRINT NAME	SIGNATURE	DATE	E-MAIL	PHONE
Captain				
Co-Captain				

ADULT KICKBALL 2019

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PRINT NAME	SIGNATURE	DATE	E-MAIL	PHONE

Child Print Name	Parent Print Name	Parent Signature	Date	E-Mail