

City of Baytown Parks & Recreation

ADULT SPORTS ROSTER

****Please print first and last name of each player (NO Nicknames)****
*****in the event of a protest nickname will be assumed an illegal player*****

Team Name: _____	Manager's Name: _____
Mailing Address: _____	City, State, Zip: _____
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Email Address: _____

TEAM ROSTER & PARTICIPANT WAIVER

Please accept my application for the City of Baytown Adult Sports Program. In consideration of this application, I, the undersigned, intending to be legally bound, do hereby, for myself, my heirs, my executors, administrators and assignees, waive, release and forever discharge the City of Baytown, its representative, the representatives and officials conducting the program and all other persons or entities associated with the program, for all rights and claims of damages, demands, actions, whatsoever in any manner arising or growing out of my participation in this program. Further, I hereby grant full permission to any program for any legitimate purpose whatsoever. I also understand that there is to be no alcohol at both the Wayne Gray Sports Complex, and the Baytown Soccer Park.

	First & Last Name (Print)	E-mail Address	Phone Number	Signature
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