



Foothills
Park & Recreation District

20__ YOUTH ROSTER FORM

SPORT (circle one): SOCCER LACROSSE

TEAM NAME _____ LEAGUE _____ DAY _____

I affirm that the below players have been informed of the League Rules and has agreed to participate according to all rules and regulations of Foothills Park & Recreation District. I understand that **THE ABOVE CHOSEN SPORT** may have an element of risk and, as parent/legal guardian of the Player, take full responsibility for his/her actions and physical condition. I release and agree to indemnify and hold harmless the Foothills Park and Recreation District and its representatives and agents from all claims or liability for damages and/or injuries, to the Player or any third parties, incurred in connection with any Foothills Park and Recreation District **sporting** event or activity associated with this league and the Player's participation.

Team Manager's Signature _____ **Date** _____

NAME	ADDRESS	ZIP	DAY TIME PHONE	Shirt Size	Ind Waiver Complete
1					
2					
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11					
12					
13					

(Back of sheet for more participants)

20__ YOUTH ROSTER FORM (Continued)

TEAM NAME _____ LEAGUE _____

NAME	ADDRESS	ZIP	DAY TIME PHONE	Shirt Size	Ind Waiver Complete
14					
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