



Foothills
Park & Recreation District

ADULT ATHLETICS ROSTER

SPORT: Softball _____ Basketball _____ Volleyball _____ Soccer _____ Flag Football _____
COMPLEX: Foothills Sports Arena _____ Foothills Fieldhouse _____ Schaefer Athletic Complex _____ Clement Park _____
 Lilley Gulch Recreation Center _____ Ridge Recreation Center _____ Easton Regional Park _____

TEAM NAME _____ **LEAGUE** _____ **NIGHT** _____ **SEASON/YEAR** _____

I hereby state that all the players listed below have been informed of the Foothills League Rules and the Code of Conduct and have agreed to participate according to league rules and regulations. I understand that the sport of choice may have an element of danger and I take full responsibility for my actions and physical condition. My team and I understand that Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization. My team and I hereby release and agree to indemnify and hold harmless the Foothills Park & Recreation District and its representatives and agents from all claims or liability for damages and/or injuries incurred by me in connection with any District event or activity. By signing this form, I will adhere to and follow all Foothills Park & Recreation rules, regulations, and the Code of Conduct.

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

	NAME (Please Print Legibly)	ADDRESS (Street, City & Zip)	DAY TIME PHONE	AGE	DOB	SIGNATURE
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REV DATE: 1-24-18

Clement Park: FAX Roster to 303-409-2630 or E-Mail Roster to: breich@fhprd.org
 Foothills Sports Arena: Fax Roster to 303-409-2440 or E-Mail Roster to: brandonb@fhprd.org
 Foothills Fieldhouse: Fax Roster to 303-409-23703 or E-Mail Roster to: ascinski@fhprd.org



ADULT ATHLETICS ROSTER – PAGE 2

	NAME (Please Print Legibly)	ADDRESS (Street, City & Zip)	DAY TIME PHONE	AGE	DOB	SIGNATURE
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