



**Foothills**  
Park & Recreation District

**YOUTH ATHLETICS ROSTER**

**SPORT:** SOCCER \_\_\_\_\_ LACROSSE \_\_\_\_\_ FLAG FOOTBALL \_\_\_\_\_

**COMPLEX:** FOOTHILLS SPORTS ARENA \_\_\_\_\_ FOOTHILLS FIELDHOUSE \_\_\_\_\_

**TEAM NAME** \_\_\_\_\_ **LEAGUE** \_\_\_\_\_ **DAY** \_\_\_\_\_ **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, as parent/legal guardian/coach of the Players listed below, I take full responsibility for my team's 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 Coach/Manager's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

	<b>NAME</b> <b>(Please Print Legibly)</b>	<b>ADDRESS</b> <b>(Street, City &amp; Zip)</b>	<b>Day Time</b> <b>Phone</b>	<b>AGE</b>	<b>DOB</b>	<b>Ind</b> <b>Waiver</b> <b>Complete</b>
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TEAM NAME \_\_\_\_\_ LEAGUE \_\_\_\_\_ DAY \_\_\_\_\_ SEASON/YEAR \_\_\_\_\_

	NAME (Please Print Legibly)	ADDRESS (Street, City & Zip)	Day Time Phone	AGE	DOB	Ind Waiver Complete
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