

****** All areas must be filled out completely
& printed legibly******



**ADULT ATHLETICS ROSTER
REV DATE: AUGUST 2020**

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** _____

Liability Waiver: By registering in our programs/classes, the applicant on his or her behalf (and, if applicable, on the behalf of the minor child or children registered the said minor child or children registered the said child(ren)'s legal representative), hereby releases and agrees 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 and such minor child(ren), in connection with any District event or activity.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF HARM OR INJURY, both known and unknown, and including all risks to my health associated with COVID-19, of my participation in any individual, group or team program or activity, and assume full responsibility for my participation. This assumption of risk expressly includes all risk associated with the mandatory wearing of protective masks as required by state law.

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

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ADULT ATHLETICS ROSTER – PAGE 2
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ADULT ATHLETICS ROSTER – PAGE 3
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	NAME (Please Print Legibly)	ADDRESS (Street, City & Zip)	DAY TIME PHONE	AGE	DOB	SIGNATURE
21.						
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