

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



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.

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.

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

REV: OCT 26, 2020

	NAME (Please Print Legibly)	ADDRESS (Street, City & Zip)	Day Time Phone	AGE	DOB	Ind Waiver Complete
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YOUTH ATHLETICS ROSTER – Page 2

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