

# Adult Athletics Roster

\*\*\* All areas MUST be filled out completely, printed legibly & signed. \*\*\*



Location: Foothills Sports Arena \_\_\_\_\_ Foothills Fieldhouse \_\_\_\_\_ Schaefer Athletic Complex \_\_\_\_\_ Clement Park \_\_\_\_\_  
 Lilley Gulch Recreation Center \_\_\_\_\_ Ridge Recreation Center \_\_\_\_\_ Easton Regional Park \_\_\_\_\_

Sport: Softball \_\_\_\_\_ Basketball \_\_\_\_\_ Volleyball \_\_\_\_\_ Soccer \_\_\_\_\_ Flag Football \_\_\_\_\_

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.

**Liability Waiver:** By registering in our programs/classes and/or reserving/renting facility spaces/amenities, the applicant on his or her behalf (and, if applicable, on the behalf of the 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.

**Hold Harmless:** 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 any communicable disease or community health risk, of my participation in any individual, group or team program or activity, and assume full responsibility for my participation. And further agree to follow any or all local, county or state rules/orders related to community health risks or communicable disease.

**Firearms:** Open and concealed carrying of firearms is PROHIBITED at all Foothills Park & Recreation District facilities, parks, trails and golf courses.

**Americans with Disabilities Act Accommodation Request:** Foothills Park & Recreation District strives toward providing inclusive programs to all community members. People of all abilities are invited to consider registering for any recreational program Foothills Park & Recreation has to offer provided they meet the minimum eligibility requirements. To request an accommodation please allow 10 business days prior to the start of the class/activity. Please contact the Programmer/Supervisor of the selected activity. For more information on equal opportunity, diversity and ADA compliance, please contact Human Resources at 303-409-2118.

Team Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

	NAME (Please Print Legibly)	ADDRESS (Street, City & Zip)	DAY TIME PHONE	AGE	DOB	SIGNATURE OF TEAM MEMBERS
1.						
2.						
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Clement Park: FAX Roster to 303-409-2630 or E-Mail Roster to: [breich@fhprd.org](mailto:breich@fhprd.org)  
 Foothills Sports Arena: Fax Roster to 303-409-2440 or E-Mail Roster to: [brandonb@fhprd.org](mailto:brandonb@fhprd.org)  
 Foothills Fieldhouse: Fax Roster to 303-409-23703 or E-Mail Roster to: [ascinski@fhprd.org](mailto:ascinski@fhprd.org)

REV DATE: JUNE 2021

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