City of La Puente – Recreation Services Department

Adult Sports Roster

League Choice:

_____ **Adult Volleyball League** _____ **Adult Basketball League**

Team Name_____ **Manager**_____ **Season/Year**_____

The following statement is to be read by each player before signing roster: I hereby, for myself, my heirs, executors, administers, and assignees, waive and release any and all rights and claims for damages against the City of La Puente, this event, its agents, representatives, successors, and assignees for any and all injuries suffered by me at and during said event. I am participating at "My Own Risk". I further agree to comply with all league rules and regulations as well as City ordinances. I further understand that there is no medical coverage should my team elect not to pick up the optional secondary medical coverage, as it is not included in the league fees.

By affirming my signature, I verify that I have read and understand the aforementioned statement and will comply with its agreement.

Player's Name	Street Address, City, and Zip	Home Phone	Alternate Phone	Age	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

As the team representative, I hereby certify that all the information above is correct and in no way falsified.

Signature of Manager_____ Date_____