

Please return roster form to – josh.thygesen@cityofroseville.com

TEAM NAME:

SPORT/LEAGUE NIGHT:

MANAGER:

HOME/CELL PHONE:

ADDRESS:

CITY/STATE:

ZIP CODE:

We, the following pledge to follow all rules and regulations, without exception, established by the Roseville Parks and Recreation Department, which governs athletic league play and procedures. We pledge that we have reviewed and are fully aware of all rules and regulations and the penalty for any violation. Waiver: In consideration of my participation in this activity as indicated by being on the roster, I hereby release and discharge the City of Roseville and its representatives, successors and assignors, from any and all liability arising from an accident, injury or illness that I may suffer as a result of my participation in this activity. **PLEASE PRINT - DO NOT USE PENCIL**

NAME	ADDRESS (include city/state/zip)	HOME PHONE	EMAIL
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Information requested on the roster form will be used to verify and determine staff and facility needs. Your name address and telephone number will be provided to city staff and MRPA staff. Although you are not legally required to disclose this information, failure to do so may prevent you from participating in this program.