

ADULT TEAM ROSTER

parcs.raleighnc.gov



Team _____ Division _____ League _____ Sport _____

Player Affidavit: Each player must read the following statement and sign below before they can participate. I understand that by signing this roster I am under contract to play for the above named team. I certify that the below information is correct, and I am aware that I cannot play on another adult team within the same division in the Raleigh Parks, Recreation and Cultural Resources League for the current season until properly released. I agree to abide by all rules and by-laws as set forth by the Raleigh Parks, Recreation and Cultural Resources Department. Furthermore, I acknowledge that I have read and that I understand each and every one of the provisions of the Waiver, Release of Liability and Indemnification Agreement listed on the back, and agree to abide by them. Additionally, I understand that Alcoholic Beverages and Weapons are not permitted on City Property. **All roster information must be typed, with the exception of signatures. No electronic signatures will be accepted.**

	Player's Name	Email	Legal Address Street Address, City, State & Zipcode	Phone Number	Raleigh Resident		Player's Signature	Date	
					Yes	No		Drop	Add
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I certify that I have investigated the information given above and found it to be correct to the best of my knowledge. In addition, I am aware that it is my responsibility to inform my players of all the rules and regulations of the Raleigh Parks, Recreation and Cultural Resources Adult League.

Manager's Signature _____ Date _____

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City of Raleigh Policies

NON-DISCRIMINATION POLICY

The policy of the City of Raleigh is, and shall be, to oppose any discrimination based on actual or perceived age, mental or physical disability, sex, religion, race, color, sexual orientation, gender identity or expression, familial or marital status, economic status, veteran status or national origin in any aspect of modern life. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with either the Director of Raleigh Parks, Recreation and Cultural Resources Department or the Office of Equal Opportunity, U.S. Department of the Interior, Washington, D.C. 20240.

CITY OF RALEIGH RELEASE, INDEMNITY AND AGREEMENT NOT TO SUE

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, musculoskeletal injuries, exposure to and illness from infectious diseases, and any and all risks described in the preceding section. I choose for myself or for my child to participate in the selected programs despite the risks. By signing below, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the counselors, staff members, and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City of Raleigh, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City of Raleigh, its employees, or its agents and agree to indemnify the City of Raleigh for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

Closed League Employment/Organization Membership Verification

I certify that the players listed above are employed by and work the required full-time hours as required by our company, or the players listed above are members in good standing with our National Charter Organization.

Name _____ Title _____ Phone _____

Personnel Director's / Organization Officer's Signature _____ (Must be made by someone who is not on the team)

Religious Institution League Verification

I certify that all of the above-named players attend services at least three times a month.

Name _____ Phone _____

Head Religious Institution Leader's Signature _____ (Must be made by someone who is not on the team)