**TEAM** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEAGUE/DIVISION (Circle One)**  Co-ed Church Summer Softball Women’s Kickball

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Player’s NAME (Print) | Address | Phone # | Date of Birth/Age | Player’s Signature |
| 1 |  |  |  |  |  |
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| 3 |  |  |  |  |  |
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| 20 |  |  |  |  |  |

**Signing of this Roster also indicates the team members will abide by the CCPRD League By-Laws and will comply with the medical release below.**

**MEDICAL RELEASE** I hereby give my permission for the above signed to participate in this program/activity. I authorize the Clarendon County Parks and Recreation Department (CCPRD) to obtain necessary medical care and treatment for the participant/child/ward for any illness or injury occurring during the program, but I understand that CCPRD is not assuming duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant/child/ward. I understand that CCPRD has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant/child/ward, and I agree to pay all reasonable medical costs incurred if treatment is obtained. I understand that CCPRD assumes no responsibility or liability for lost, stolen, or misplaced items. I release CCPRD and its agents, servants, and employees from all claims, actions, causes of action and rights to recovery or reimbursement of any type that I or the child/ward have or may have in the future which arise from or are related in any manner to the program/activity (including but not limited to claims of bodily injury and property damage or loss) and I assume all risks and hazards incident to such program and transportation to and from the same. I also give permission for CCPRD to take photographs and/or videos of/during activity for publicity use. This instrument is signed both on behalf of the individual.