



ADULT SPORTS TEAM ROSTER

"I hereby waive the right to make any claim against the City of Long Beach, The Parks and Recreation Commission, or its agents or employees, for any injuries or damages, charges or expenses, including attorney's fees, which might be sustained as a result of my participation in this sporting activity, or activities. I further understand the City does not provide any form of insurance for program participants."

"I hereby agree to abide by the City of Long Beach Department of Parks, Recreation and Marine's Participant's Code of Conduct, as well as all rules outlined in the SCMAF Rulebook & Long Beach Adult Sports Supplemental Rulebook."

PRINT PLAYER'S NAME	PLAYER'S SIGNATURE	CELL PHONE NO.	HOME ADDRESS (CITY, STATE, ZIP)
1.			
2.			
3.			
4.			
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16.			
17.			
18.			

TEAM MANAGER'S INFORMATION			
Team Name: _____	Returning Team:	Yes	No
Former Team Name: _____	Season:	_____	
Record: _____	Previous Season Division:	1	2 3 4
Manager's name: _____	Address: _____		
Manager's email: _____	Work/Cell Phone: _____		
Manager signature: _____	Date: _____		
Asst. Manager's name: _____	Address: _____		
Asst. Manager's email: _____	Work/Cell Phone: _____		
Asst. Manager signature: _____	Date: _____		

SPORTS AVAILABLE:	WEEKDAY
Baseball []	Monday []
Basketball-Coed []	Tuesday []
Basketball -Men's []	Wednesday []
Basketball-Women's []	Thursday []
Softball-Coed []	Friday []
Softball Men's []	Saturday []
Softball-Seniors []	Sunday []
Volleyball-Coed []	
Volleyball-Men's []	
Volleyball-Women's []	