



City of Billings Parks, Recreation & Public Lands Department



Adult Soccer Team Roster

Team Name: _____
Division: _____
Manager Name: _____
Mailing Address: _____
City: _____ **Zip Code:** _____
Day Phone: _____ **Night Phone:** _____
e-mail (optional): _____

Players List: (Team Manager must be a reliable contact)

	(Print name)	(Signature)	(Date)	(Phone)
01.	_____	_____	_____	_____
02.	_____	_____	_____	_____
03.	_____	_____	_____	_____
04.	_____	_____	_____	_____
05.	_____	_____	_____	_____
06.	_____	_____	_____	_____
07.	_____	_____	_____	_____
08.	_____	_____	_____	_____
09.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

** My signature on this roster indicates that I have read and accept the content of this liability waiver:*

" I am hereby advised and understand that participation in the sport of soccer carries with it inherent risks of personal injury or loss, and acknowledge that the City of Billings, or Amend Park Development Council, does not provide any accident insurance for participants in this program. I am therefore being advised to provide my own personal health/accident insurance so that in the event of an injury or loss, I have some medical insurance coverage available to me. In consideration of your accepting my entry on this roster, I hereby for myself, my heirs, and administrators, waive and release any and all rights and claims which I might have against the above named entities and their representatives, successors, and assigns for any and all injuries suffered by myself through my participation in this sports program."