

TEAM ROSTER

(Please Print Clearly)

Gene Fullmer Fitness and Recreation Center

8015 South 2200 West
West Jordan, Utah 84088
Phone: 385-468-1951

This league is for boys
Lower, Middle, and Upper
level Super League Teams

Team Name: _____ Team Level Lower Middle Upper
 Grade: _____ (all players must be in appropriate grade or lower to be eligible; players may play on only one team within a division)
 Coach: _____ Cell Phone: _____ E-mail: _____
 Address: _____ City: _____ State: _____ Zip: _____

PARENTS PLEASE READ BEFORE SIGNING.

- I hereby recognize and acknowledge that participation in recreational activities may involve bodily injury or emotional injury to my child and others. In consideration of my child being permitted to participate in Salt Lake County Parks & Recreation sponsored activities, I hereby voluntarily and knowingly execute this release with the intent of binding myself, the below named minor, and any other having an interest, and do hereby expressly release, waive, and discharge Salt Lake County, its officers and employees, from all liability or claims therefore resulting from my child's participating in the above referenced Parks & Recreation activities.
- I hereby consent to my child's participation in the recreation programs, and do further authorize Salt Lake County Parks & Recreation staff to act on my behalf in accordance with their best judgement in the case of an emergency and do agree to assume full responsibility for all medical expenses that may arise therefrom.
- By signing this document, I acknowledge that I have read its contents and disclosures, that I understand them, and that I agree to the terms hereof. I further acknowledge that this release is intended to be as broad and as inclusive as may be permitted by the laws of the State of Utah, and that if any portion here from is found to be invalid, it is agreed that the balance shall continue in full force and effect.

Player's Name	Birthdate	Address	Phone Number	Parent/Guardian Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Coach Signature: _____

OFFICE USE ONLY	RECEIPT #	AMT:	DATE:	BY:
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