

2020 APPLE VALLEY ADULT ATHLETIC TEAM ROSTER - WINTER BAG TOSS

NIGHT & LEAGUE _____ TEAM NAME _____

MANAGER'S NAME _____ ADDRESS _____

CITY _____ ZIP _____ PHONE: H () _____ W () _____

ASST. MANAGER NAME _____ PHONE: H () _____ W () _____

•Each player's entire line must be completed. Incomplete rosters will not be accepted! LEAGUE ROSTER FALL 2019

Player's Name (print)	Address	H/W Address?	City	Zip Code	Phone Number	
1)						
2)						
3)						
4)						
5)						

*League Rosters are frozen at the end of league play. Players cannot be added to the roster for play-offs.

Date Received: _____ Received by: _____

OFFICE USE ONLY

**Apple Valley Parks & Recreation
7100 147th Street West
Apple Valley, MN 55124-9016
(952) 953-2300**

TEAM WAIVER FORM

LEAGUE: _____ TEAM NAME: _____

As lawful consideration for being permitted to participate in the adult athletic program of the City of Apple Valley's Parks and Recreation Department, I on behalf of myself agree that the City of Apple Valley shall be held harmless and will not be liable for any injury or disability which I or any member, employee or participant of the said program incur as the result of the use of the said facility and program, due to the passive or active negligence of the City, its agents or employees. This release of liability of the City of Apple Valley does not include any injuries that I or any member, employee or participant of the said program incur as the result of willful, wanton or intentional misconduct by the City of Apple Valley, its agents or employees. This agreement is specifically binding on my spouse, heirs and assigns of any member, employee or participant of the program.

PLAYER SIGNATURES REQUIRED (Please sign on corresponding number from reverse side):

1. _____

2. _____

3. _____

4. _____

5. _____