

**SHENANDOAH COUNTY PARKS & RECREATION
ADULT LEAGUE TEAM REGISTRATION & ROSTER**

I, the undersigned player agree to play with the above team for the current season or until released by the said team, according to the rules and regulations governing the league. Furthermore, I will not hold the school authorities, coach, or the Shenandoah County Parks and Recreation Department responsible in case of accident or injury as a result of this participation while playing, practicing or traveling to and from games/practices. All players are responsible for their own health insurance. S.C.P.R. does not provide any health coverage. Coaches are responsible for supplying league rules and regulations to all players who sign the roster. Coaches are also responsible for making sure that all info listed below is correct and that it adheres to player eligibility. Failures to do so could result in loss of league registration fee and forfeiture of all games.

SPORT: _____ **YEAR:** _____

TEAM/SPONSOR NAME: _____

MANAGERS NAME: _____

MANAGERS ADDRESS: _____

MANAGERS CELL #: _____

MANAGERS EMAIL: _____

ASST. COACH NAME: _____

ASST. COACH CELL #: _____

ASST. COACH EMAIL: _____

SPECIAL REQUEST/NOTE: _____

THIS SHEET MUST BE SUBMITTED WITH PAYMENT

Cash: \$

Credit: \$

Check: #

Check: \$

Date Received:

Received By:

TEAM NAME: _____ **MANAGER'S NAME:** _____ **MANAGERS PHONE #:** _____

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Player Name (PLEASE PRINT CLEARLY)	Player Signature	County of Residence	Cell Phone	D.O.B.	Player's Initials that they have read SCPR rules and regulations
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