



CAMERON PARK COMMUNITY SERVICES DISTRICT ADULT SPORTS LEAGUE REQUEST FORM AND PLAYER ROSTER

Manager: Please indicate the sport season, and division in which you would like to be entered.

_____ WINTER	_____ Football	Division: _____
_____ SPRING	_____ Soccer	Day: _____
_____ SUMMER	_____ Basketball	
_____ FALL		

Team Name: (if applicable): _____ Email: _____

Manager/ Player: _____ Home/Work Phone: _____

Address: _____ City: _____ Zip: _____

Assistant Manager (if applicable): _____ Home/Work Phone: _____

DID THIS TEAM PLAY IN A LEAGUE LAST SEASON? YES _____ NO _____

I hereby request placement of the above named team in the Cameron Park CSD Adult Sport's League. I understand that all participants on this team will abide by the rules and regulations set by the Cameron Park Community Services District Recreation Department. I realize that any falsification of roster or failure to follow league rules may result in the above-named team and its players being dropped from the activity, and forfeiture of all fees paid.

Manager's Signature: _____ Date: _____

RELEASE AND INDEMNITY

In consideration for being permitted to participate in Adult Sports League sponsored by the Cameron Park CSD, I do release and forever discharge the CSD, its directors, employees and instructors from any and every claim, demand, action or right of action arising from or by reason of any bodily injury or personal injuries, death or property damage which may occur as a result of my participation in the Adult Sports Leagues or any activities in conjunction with the Adult Sports Leagues, whether or not caused by any act or omission of the CSD, its directors, employees, or instructors. This release is intended to discharge the district, its directors, employees and instructors, and any other involved public agencies from and against any and all liability arising out of the negligence on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the person or agencies mentioned above.

ALL PLAYERS MUST READ THE WAIVER ABOVE AND SIGN THE REVERSE SIDE OF THIS FORM

For Office Use Only	
Entry Fee Paid _____	Total Paid : _____
Date Paid _____	Received By: _____ Receipt # _____
Check # _____	Cash _____ Visa/Master Card _____

Cameron Park Community Services District Adult Basketball Roster

ALL PLAYERS MUST READ THE WAIVER AND SIGN THE ROSTER BELOW

This constitutes application and consent that the below named individuals participate in the recreation program sponsored by the Cameron Park Community Services District. I/We, as the individual's legal guardian, further release and forever discharge the CSD, its directors, employees and instructors from any and every claim demand, action or right of action arising from or by reason of any bodily injury or personal injuries, death or property damage which may occur as a result of participation in the said class or any activities in connection with the class, whether or not caused by act or omission of the CSD, its directors, employees, or instructors.

	Print Name	Signature	Address	City, Zip Code	Phone Number	Jersey #
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