

Team Athletics Roster Form

Broomfield Department of Recreation Services
280 Spader Way, Broomfield, CO 80020
303. 464-5501 FAX 464-5515



Team Name _____ League Roster for (check one): BB SB VB KB

Activity # _____ Season _____ Day _____ Class _____

Player's Name	Player's Address/City/Zip	Phone (H)	Phone (W)	E-Mail Address	Signature
Manager: 1.					
Asst. Manager: 2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

The above players agree to abide by all City and County of Broomfield rules and regulations and code of conduct.

Manager's Signature _____

Number of Residents	X \$	= \$
Number of Non-Residents	X \$	= \$
Date Paid	Total Paid	Cashier

RELEASE AND INDEMNIFICATION AGREEMENT each player must sign the roster indicating that they acknowledge the Release and Indemnification Agreement. I understand that participation in any athletic event; sports program or any physically related activity may be dangerous and involves risk of injury, loss or damage. By signing this Release and Indemnification Agreement, I hereby release the City, its officials, and its employees from any and all claims for injury, death, loss or damage that may occur as a result of participation in City programs or while using City facilities, whether or not caused by the act, omission, negligence, or other fault of the City, its officials, its employees, or by any other cause. I further agree to defend, indemnify, and hold harmless the City, its officials, its employees, insurers and self-insurance pool, from and against all liability, claims, and demands, court costs, and attorney's fees on account of injury, loss, or damage whatsoever.