CITY OF ANDERSON PARKS AND RECREATION DEPARTMENT
ADULT SPORTS PROGRAM
401 SOUTH MAIN ST. ANDERSON, SC 29624
231-2232

TEAM INFORMATION FORM

DATE:_____ TEAM NAME_____

MENS OR COED DIVISION_____

NAME OF COACH_____

HOME MAILING ADDRESS_____

CONTACT NUMBER (CELL)_____(HOME)_____

E-MAIL ADDRESS_____

SECOND CONTACT PERSON_____

CONTACT NUMBER (CELL)_____(HOME)_____

SCHEDULE CONFLICTS_____

_____

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_____

Office Location: 1107 N. Murray Ave.
Anderson, SC 29625

TEAM ROSTER FORM

Please print clearly names of all players who will be playing with you this season.

Team Name_____

CITY OF ANDERSON PARKS AND RECREATION DEPARTMENT
ADULT LIABILITY RELEASE FORM

I assume all risks associated with participating in this league, including but not limited to: falls, the effects of the weather including high heat and/or humidity and the conditions of the playing area. Having read this waiver, I hereby waive and release the City of Anderson, the Recreation Department, its staff and officials from all claims or liabilities of any kind arising from my participation in this league, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I also agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, coaches, and spectators and that the Recreation Department staff has the authority to remove anyone violating this stipulation.

TEAM NAME_____

SIGNATURE OF PLAYERS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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