

Black Mountain Recreation and Parks Official Team Roster

Team Name _____ (H) _____ (W)
 Team Representative Telephone Number

Sport-Division _____ (H) _____ (W)
 Second Representative Telephone Number

#	Players Name	Players address(street, city, zip) or Email	Players signature
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I acknowledge that I am not covered by any medical insurance policy of the Black Mountain Recreation and Parks Department or the Town of Black Mountain. In consideration of Black Mountain Recreation and Parks and the Town of Black Mountain allowing the use of Town facilities, I do release them, their officers, agents, or employees from all liability, demands or claims for loss, damage, or injury resulting from participation in the above named activity and do hereby give consent for emergency treatment. I further state that I have read the foregoing release and covenant not to sue, know the contents thereof and sign the same as my own free act. The undersigned also consents to the use of any photographs or videos of the participant's activities in the above described program for promotional or informational purposes.

Representative's Statement: I understand that I am responsible for the actions of the members of this team, and will do my best to provide the appropriate leadership required by the Recreation and Parks Department

Team Representative's Address _____ Signature of Team Representative _____