

# Adult Pond Hockey 4 on 4 Roster Form



**Team Name** \_\_\_\_\_

Print or Type Name	Players Signature (Needed prior to player playing)	Under 18yrs—Parents or legal Guardians Signature (Needed prior to player playing)	Residence Address	City	State	Zip
1.						
2.						
3.						
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11.						
12.						
13.						

The City of Brainerd does not discriminate on the basis of race, color, national origin, religion, age or disability in employment or provisions of services. Any individual needing special accommodations, please call 218-828-2320

I, THE UNDERSIGNED, parent or guardian or participant, do hereby agree to allow the individual named herein the participate in the aforementioned activity(ies), and further agree to indemnify, and hold the City of Brainerd, Parks and Recreation Department, and its employees harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of, or in any way connected with, his/her participation in this activity(ies).

\_\_\_\_\_  
Team Manager's Signature