



# Official Roster



Coaches Name: \_\_\_\_\_  
 Team Name: \_\_\_\_\_  
 League/Division: \_\_\_\_\_

**Please Check (✓) appropriate sport:**

Basketball     Kickball     Dodgeball     Softball  
 Flag Football     Volleyball     Other \_\_\_\_\_

**Type or print all items except signatures.** This roster will not be accepted unless filled out **completely** and **legibly** with first and last names listed.  
**Original signatures acknowledge having read and agree to the hold harmless terms below.**

Player's Name Please print first and last name		Signature Required	Gender M/F	Address	Phone #	Email
Ex:	John Doe	<i>John L. Doe</i>	M	11223 SE 000 Pl, Kent, WA 98032	253-112-2334	abcdef@anywhere.com
1.	Coach					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury or damages, I do hereby release and hold harmless the City of Kent, its elected and appointed officials and employees, the organizers, sponsor, supervisor or any volunteer vonnected with the program from any and all claims, injuries, damages, losses or suits, including attorney fees, arising out of or in connection with the program. In the absence of signature, payment of fees and participation in the program shall consitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, video tapes, motion pictures, recordings or any other record of this program for any City of Kent informational or promotional use.

This completed roster must be returned to:  
 Kent Parks, Recreation & Community Services  
 Kent Commons  
 525 4th Avenue North, Kent, WA 98032-4497  
 Phone: 253.856.5000 Fax: 253.856.6000  
**Please do not mail cash.**

For Office Use Only