

Team Name: _____
Sport: _____
League: _____
Team Captain: _____

**LAFAYETTE RECREATION
ADULT TEAM SPORTS ROSTER**



Bob L. Burger Recreation Center
 111 W. Baseline Road
 Lafayette, CO 80026
 (303) 665-0469

WAIVER FOR PARTICIPANT - I hereby, for myself, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Lafayette and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. Each player must complete roster form completely prior to participation.

	Signature	Name (Print)	Address	Zip	Phone	Email Address
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						