

# VERNON PARKS AND RECREATION DEPARTMENT

## *TEEN WATER BASKETBALL LEAGUE ROSTER*

TEAM NAME: \_\_\_\_\_

LEAGUE: \_\_\_\_\_

| TEAM CAPTAIN                               |                       |                       |              |
|--|-----------------------|-----------------------|--------------|
| PARTICIPANT FIRST NAME                     | PARTICIPANT LAST NAME | PARTICIPANT SIGNATURE | BIRTHDATE    |
| PARTICIPANT'S ADDRESS / CITY / STATE / ZIP |                       |                       |              |
| PARTICIPANT E-MAIL                         |                       |                       | PHONE NUMBER |
| PARENT'S NAME                              | PARENT'S SIGNATURE    |                       | PHONE NUMBER |
| EMERGENCY CONTACT NAME AND PHONE NUMBER    |                       |                       |              |

| BACK-UP TEAM CAPTAIN                       |                       |                       |              |
|--|-----------------------|-----------------------|--------------|
| PARTICIPANT FIRST NAME                     | PARTICIPANT LAST NAME | PARTICIPANT SIGNATURE | BIRTHDATE    |
| PARTICIPANT'S ADDRESS / CITY / STATE / ZIP |                       |                       |              |
| PARTICIPANT E-MAIL                         |                       |                       | PHONE NUMBER |
| PARENT'S NAME                              | PARENT'S SIGNATURE    |                       | PHONE NUMBER |
| EMERGENCY CONTACT NAME AND PHONE NUMBER    |                       |                       |              |

The above signed parent, guardian, or participant does grant permission to the named individual/s to participate in the Vernon Parks and Recreation Department above named program. The above signed does hereby waive, absolve, indemnify, and agree to hold harmless the Town of Vernon Parks and Recreation Department and all other sponsors and supervisors of the above said program/s. I realize there are inherent risks involved in physical activity and the above named program. Pictures taken of myself may be used for publicity by the Vernon Parks and Recreation Department.

|   |                       |                       |           |
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| PARTICIPANT E-MAIL                      |                       | PHONE NUMBER          |           |
| PARENT'S NAME                           | PARENT'S SIGNATURE    | PHONE NUMBER          |           |
| EMERGENCY CONTACT NAME AND PHONE NUMBER |                       |                       |           |

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