

**Charles County Department of Recreation, Parks and Tourism  
Adult League Roster**

**LEAGUE (CHECK ONE):**

- 18+MENS BASKETBALL (15 Players/Team) :  A  B  C  35+  WOMEN  
 40+ MENS BASKETBALL (15 Players/Team)  
 ADULT VOLLEYBALL (12 Players/Team) :  COMPETITIVE  REC.  CHURCH LEAGUE
- Softball:  Mens  Co-Rec  
 Co-Ed Kickball  
 Soccer:  Mens  Womens

Authorization Signature: _____	Date: _____	Check/Credit Card #: _____
Exp. Date: _____	Name on Check/Credit Card: _____	Sec. # _____ Cash _____
Visa _____	MC _____	Discover _____

Date: \_\_\_\_\_ Team Name: \_\_\_\_\_  
 Head Coach: \_\_\_\_\_ Address: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Asst. Coach: \_\_\_\_\_ Address: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**Each player must read the following statement before signing the roster:** "I acknowledge, understand, and accept that there are inherent risks associated with my participating in this program and that doing so could result in an injury or damage. I acknowledge the fact that the Department of Recreation, Parks, and Tourism does not provide accident insurance to its program participants. I certify that, to the best of my knowledge, I am physically fit and further that should this condition change at any time during the program I will notify the administration of the Department of Recreation, Parks, and Tourism immediately. I do hereby release and hold harmless Charles County, Maryland, its officials, employees, instructors, and volunteers from any and all liabilities arising from any injuries that might occur during the supervised programs. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by the Department of Recreation, Parks, and Tourism staff concerning this program. I authorize the Department of Recreation, Parks, and Tourism to take, display and publish photographs, slides or video tapes of me for promotional and/or educational purposes. I have read, understand and accept the terms of this participant's agreement as outlined."

Print or Type Player's Name	Mandatory Signature	Mandatory Mailing Address (street, city, state, zip) & E-mail	DOB	Cell#	Home #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					