

**CLEARWATER PARKS & RECREATION DEPARTMENT
CHANGE IN ROSTER FORM**

PLEASE CHECK THE APPROPRIATE BOX (S) IN ALL AREAS

For Office Use Only

TEAM NAME: _____ ADD DELETE
SOFTBALL BASKETBALL BASEBALL FLAG FOOTBALL VOLLEYBALL
MEN'S LEAGUE WOMEN'S LEAGUE COED LEAGUE
MON. LEAGUE TUE. LEAGUE WED. LEAGUE THUR. LEAGUE FRI. LEAGUE SUN. LEAGUE

PLAYER'S NAME: _____ HOME PHONE: _____
ADDRESS: _____ CITY & ZIP: _____
PARTICIPANT CARD # DATE: _____ WORK PHONE: _____

By signing this roster I agree to the following information and statements as it pertains to the City of Clearwater Parks & Recreation Department Adult Athletic League in which I am participating.
1. All players, coaches, managers, and sponsors are responsible for their own personal insurance. The City of Clearwater *does not* provide or carry accident insurance for participants in any program. I also understand that there are inherent risks in softball, basketball, baseball, flag football and volleyball and that I assume those risks.
2. The information listed on the roster pertaining to me is true and accurate and I understand that fraudulent use of names and addresses will result in forfeiture of ball games.

MANAGER'S SIGNATURE: _____ PLAYER'S SIGNATURE: _____

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