

**APPLE VALLEY ADULT ATHLETIC TEAM ROSTER-  
FALL-WINTER 2019-20 Basketball**

This roster is **NOT** due with your registration. **Please complete it and have it ready before game time the first night of play.** ID checks will be required before the first game is played.

NIGHT & LEAGUE: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

ASST. MANAGER NAME: \_\_\_\_\_ PHONE: H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

**\*Your Eligible Address is the Apple Valley address for those who live or work in A.V.**

**NOTICE:** As lawful consideration for being permitted to participate in the adult athletic program of the City of Apple Valley's Parks and Recreation Department, I on behalf of myself agree that the City of Apple Valley shall be held harmless and will not be liable for any injury or disability which I or any member, employee or participant of the said program incur as the result of the use of the said facility and program, due to the passive or active negligence of the City, its agents or employees. This release of liability of the City of Apple Valley does not include any injuries that I or any member, employee or participant of the said program incur as the result of willful, wanton or intentional misconduct by the City of Apple Valley, its agents or employees. This agreement is specifically binding on my spouse, heirs and assigns of any member, employee or participant of the said program.

**Each player's entire line must be completed. Incomplete rosters will not be accepted!**

<b>ID Check - staff person initial here.</b>	<b>Name</b>	<b>Home or Work Address *</b>	<b>Signature</b>
	1)		
	2)		
	3)		
	4)		
	5)		
	6)		
	7)		

**See back for additional spaces**

## Additional Players

**NOTICE:** As lawful consideration for being permitted to participate in the adult athletic program of the City of Apple Valley's Parks and Recreation Department, I on behalf of myself agree that the City of Apple Valley shall be held harmless and will not be liable for any injury or disability which I or any member, employee or participant of the said program incur as the result of the use of the said facility and program, due to the passive or active negligence of the City, its agents or employees. This release of liability of the City of Apple Valley does not include any injuries that I or any member, employee or participant of the said program incur as the result of willful, wanton or intentional misconduct by the City of Apple Valley, its agents or employees. This agreement is specifically binding on my spouse, heirs and assigns of any member, employee or participant of the said program.

**Each player's entire line must be completed. Incomplete rosters will not be accepted!**

<b>ID Check - staff person initial here.</b>	<b>Name</b>	<b>Home or Work Address *</b>	<b>Signature</b>
	8)		
	9)		
	10)		
	11)		
	12)		
	13)		
	14)		
	15)		
	16)		
	17)		