

OAK RIDGE RECREATION & PARKS ROSTER FORM AND MEDICAL RELEASE – DODGEBALL

TEAM:		COACH:	PHONE (h):
ASS'T. COACH (not required):	PHONE (h):	ADDRESS:	PHONE (c):
ADDRESS:	PHONE (w):	EMAIL:	

I, whose name is listed on the same line with my signature below, fully understand the risk of injury arising from my or my child's participation in Dodgeball. I hereby assume all risks and hazards incidental to such participation, including transportation to and from all activities; and do hereby waive, release, absolve, and indemnify and agree to hold harmless the City of Oak Ridge, organizers, sponsors, supervisors, and participants, for any claim or injury or liability that may hereafter arise as a result of participating in Dodgeball. I make this agreement on behalf of myself, my heirs, and my estate. I also grant permission to managing and/or coaching personnel or other department representatives to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including minor surgery, deemed necessary by a duly licensed physician should I become ill or injured while participating in Dodgeball. **For youth sports (under age 18), a parent or guardian's signature is required for participation.**

PLAYER NAME	BIRTHDATE	ADDRESS	SIGNATURE (Parent or Guardian if under 18)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

As the adult coach(es) in charge of this team, I agree to attend all games and to promote safety and good sportsmanship to all players and fans.

Coach X _____ **Asst. Coach X** _____