

City of Prescott Parks & Recreation

ROSTER CHANGE FORM

ATTENTION MANAGER/COACH: A player must be added before they participate in a game. You may not go over your sports roster maximum. You are responsible for two copies of this document – one you must present to the field/gym supervisor and the other is for your record.

TEAM NAME: _____

SPORT: _____ **SEASON/YEAR:** _____

DIVISION (Men's, Women's, Coed): _____ **LEVEL OF PLAY:** _____

DAY(S) / NIGHT(S) OF PLAY: _____

I hereby acknowledge that the following information is correct and that I am responsible for presenting this information to the field/gym supervisor of the program listed below. As the team manager/coach, I verify that the players' names, addresses and phone numbers have been signed by each individual player and players have had the opportunity to read this document.

SIGNATURE: _____ **DATE:** _____

The City of Prescott, Parks & Recreation Department, league director and staff, or league umpires do not provide insurance coverage for individuals participating in the adult sports programs. The City of Prescott Recreation Department would like to inform all participants in the adult sports programs that the nature of the activities are hazardous and risky, including but not limited to the acts of pitching, throwing, fielding the ball, catching the ball, swinging of the bat, running, jumping, stretching, sliding, diving, shooting, dribbling, spiking, and collisions with other players or stationary objects, all of which can cause serious injury of death to players.

ROSTER ADDITIONS: (All information must be complete – name, address, and phone)

NAME (Please Print)	SIGNATURE	ADDRESS/CITY/ZIP	PHONE
1)			
2)			
3)			
4)			

ROSTER DELETIONS: (All information must be complete – name, address, and phone)

NAME (Please Print)	SIGNATURE	ADDRESS/CITY/ZIP	PHONE
1)			
2)			
3)			
4)			

White – League Director

Yellow – Field/Gym Supervisor

Pink – Manager/Coach

OFFICE USE ONLY: Date Received: _____ Staff: _____