

# S.O.R.R. ADULT ATHLETIC TEAM ROSTER - Fall 2016 Co-Rec Kickball

NIGHT & LEAGUE: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

ASST. MANAGER NAME: \_\_\_\_\_

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

- Each player's entire line must be completed. Incomplete rosters will not be accepted!
- Resident Teams can include a maximum of 5 players who do not live or work full-time in the S.O.R.R. Communities of Apple Valley, Burnsville, Eagan, Farmington, Lakeville, Rosemount and Savage. Non-Resident teams will have a lower priority rating.
- 'Eligible Address' is the home address for those who live in, or the work address for those who work in, the above 7 communities.

Player's Name - Print	Eligible Address	City	Zip	Home Phone Number	Date of Birth
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					

*OFFICE USE ONLY*

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Number of Non Residents (S.O.R.R.): \_\_\_\_\_

**S.O.R.R.**  
**Apple Valley Parks & Recreation**  
**7100 147<sup>th</sup> Street West**  
**Apple Valley, MN 55124-9016**  
**(952) 953-2312**

**TEAM WAIVER FORM**

LEAGUE: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

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As lawful consideration for being permitted to participate in the adult athletic program of the City of Apple Valley's Parks and Recreation Department (and S.O.R.R.), 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.

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**PLAYER SIGNATURES REQUIRED** (Please sign on corresponding number from reverse side):

1. \_\_\_\_\_

11. \_\_\_\_\_

2. \_\_\_\_\_

12. \_\_\_\_\_

3. \_\_\_\_\_

13. \_\_\_\_\_

4. \_\_\_\_\_

14. \_\_\_\_\_

5. \_\_\_\_\_

15. \_\_\_\_\_

6. \_\_\_\_\_

16. \_\_\_\_\_

7. \_\_\_\_\_

17. \_\_\_\_\_

8. \_\_\_\_\_

18. \_\_\_\_\_

9. \_\_\_\_\_

19. \_\_\_\_\_

10. \_\_\_\_\_

20. \_\_\_\_\_