## LAKEWOOD RECREATION ADULT ATHLETICS TEAM ROSTER

SPORT/SEASON _	
DIVISION_	

ΓEAM/MANAGER I	NFORMATION		• . <b>4</b> . 6 A •
TEAM NAME	PHONE 1		
MANAGER_	PHONE 2		LAKEWOOD CITY SCHOOLS COMMUNITY RECREATION & EDUCATION
ADDRESS_	E-MAIL_		DEPARTMENT
CITY/STATE/ZIP_			Hotline: 216-529-4117 www.lakewoodrecreation.com
MANAGER AGREEMI	ENT		
	full responsibility for any and all indebtedness incurred by this team and fur ction of the Lakewood Community Recreation and Education Commission		the Lakewood Adult Athletic
Manager Signature:		Date:	

## PLAYER WAIVER AND DISCLAIMER

With my signature, I am aware of and accept the following:

By registering for any Lakewood Community Recreation and Education Department program, registrants agree to the Lakewood City Schools Community Recreation and Education Department Program Registration Waiver & Consent Policy. A copy of the policy is available at the Lakewood Community Recreation and Education Department, in the Community Education seasonal booklet or online at

I understand that I am responsible for a reasonable share of any financial indebtedness incurred by this team. I also understand that I am subject to the General and Special rules as contained in the appropriate rule book for this program. Rulebooks are available at the Lakewood Recreation Department or online at www.lakewoodrecreation.com. I further agree to abide by all rules and regulations set forth by the Lakewood Adult Athletic Commission under the direction of the Lakewood Community Recreation and Education Department and the Lakewood Board of Education.

False information will be cause for suspension of player and/or manager, plus forfeiture of all games.

## ADULT ATHLETICS REFUND POLICY

50% of Team Registration Fee may be refunded if a team withdraws voluntarily or is dropped for failure to comply with rules (i.e. attending meetings, filing appropriate fees, rosters, etc.), or if a team is dropped from the program for unsportsmanlike conduct, violating alcoholic beverage ordinances, etc. Individual player registration fee is never refundable or transferable.

PRINT CLEARLY - Rosters that are not legible will not be accepted.			LAST 4 DIGITS OF				DATE	T SHIRT	
PLAYER NAME	BIRTHDATE	ADDRESS	CITY & ZIP	PHONE	E-MAIL	S.S. #	PLAYER SIGNATURE	SIGNED	SIZE
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PLAYER NAME	BIRTHDATE	ADDRESS	CITY & ZIP	PHONE	E-MAIL	S.S. #	PLAYER SIGNATURE	SIGNED	SIZE
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Minimum/Maximum # of Players on Roster

Basketball - 8 Mi Softball (Coed) - 14 Min/24 Max Bowling - 4 Min/ Softball (Men/Women) - 13 Min/22 Max

Dodgeball - 10 N Flag Football - 8 Min/20 Max Kickball - 8 Min/Volleyball - 8 Min/14 Max