

CITY OF LAKELAND PARKS AND RECREATION DEPARTMENT
BASKETBALL TEAM ROSTER



TEAM NAME: _____ **SEASON:** _____

TEAM SPONSOR: _____ **LEAGUE / NIGHT:** _____

MANAGER'S NAME: _____ **Phone (work):** _____ **(home):** _____

ADDRESS: _____ **ZIP:** _____

| NAME: | SIGNATURE: | PHONE: | ADDRESS: | IN / OUT CITY |
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I, THE SIGNED, hereby agree to abide by the rules and regulations of the City of Lakeland Recreation Department, and hereby release the City of Lakeland of any financial responsibility due to any injury received while playing or practicing with the above team during the current season. I also hereby release my sponsor /backer of any liability for injuries received while playing for said team.

NAME: _____
 (please print)

 (please sign)