



Adult Sports Team Application

Entrance Fee: _____

Date Paid: _____

Type of Sport: _____

Team Name: _____

Manager: _____

Mailing Address: _____

Phone Number: Home: _____ Cell: _____

Email Address: _____

Assistant Manager: _____

Phone Number: Home: _____ Cell: _____

Email Address: _____



Christiansburg Parks and Recreation
1600 North Franklin Street
Christiansburg, VA 24073

Team Roster

League: _____

Team Name: _____

Team Manager: _____

Mailing Address: _____

Name	Address	Age	Phone Number
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Waiver: In order to participate in said program as parent or guardian for said participant, I assume the risk of any and all injuries to the participant or by the participant. I hereby agree to indemnify and hold harmless the Christiansburg Department of Parks and Recreation, its successors, assigns the Town of Christiansburg from any and all claims for any and all injuries suffered or caused by said participant in said program. It is likewise assumed that said participant will wear the proper clothing and protective equipment during said program and that it is the responsibility of parent or guardian to make sure this criteria is met. I grant permission to transport said participant to and from said event when required and hold harmless those assigned to transport. I also agree to allow transportation of said participant to the nearest physician or hospital for medical treatment and agreed to allow immediate first aid to the injured said participant when deemed necessary. As parent or guardian for said participant, I assume the responsibility for any and all medical expenses of the participant.

Print Name	Signature	Date
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