

**SHENANDOAH COUNTY PARKS & RECREATION  
WOMEN/MEN LEAGUE TEAM ROSTER**

I, the undersigned player agree to play with the above team for the current season or until released by the said team, according to the rules and regulations governing the league. Furthermore, I will not hold the school authorities, coach, or Recreation Department responsible in case of accident or injury as a result of this participation while playing, practicing or traveling to and from games/practices. All players are responsible for their own health insurance. S.C.P.R. does not provide any health coverage. Coaches are responsible for supplying league rules and regulations to all players who sign the roster. Coaches are also responsible for making sure that all info listed below is correct and that it adheres to player eligibility. Failures to do so could result in lose of league registration fee and forfeiture of all games.

**SPORT:** \_\_\_\_\_

**YEAR:** \_\_\_\_\_

**TEAM/SPONSOR NAME:** \_\_\_\_\_

**MANAGERS NAME** \_\_\_\_\_

**MANAGERS ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**MANAGERS HOME #** \_\_\_\_\_

**MANAGERS WORK/CELL #** \_\_\_\_\_

**MANAGERS EMAIL** \_\_\_\_\_

**ASST. COACH NAME** \_\_\_\_\_

**ASST. COACH HOME #** \_\_\_\_\_

**ASST. COACH WORK/CELL #** \_\_\_\_\_

**ASST. COACH EMAIL** \_\_\_\_\_

Cash: \$

Credit: \$

Check: #

\$

Date Received:

Received By:

**TEAM NAME:** \_\_\_\_\_ **MANAGER'S NAME:** \_\_\_\_\_ **MANAGERS PHONE #:** \_\_\_\_\_

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**PLEASE RETURN ROSTER TO SCPR OFFICE ONE WEEK PRIOR TO THE FIRST GAME**

Player's Signature	Print Name	Address	Phone	D.O.B.	
1.					
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