

Team Name: _____ League: _____ Team Color: _____

Player Contract:

I, the undersigned, hereby agree to abide by the rules and regulations of Willamalane Park and Recreation District and realize that the WPRD Athletic Department will have the final decision regarding any matters pertaining to WPRD athletic events. I also understand that teams and players are responsible for their own insurance and that WPRD does not supply players' medical insurance. I understand that there are inherent risks in this athletic activity and that training and conditioning are necessary. I agree to assume those risks on behalf of myself and will release all claims against Willamalane Park and Recreation District or its agents for damages suffered by me. I will be 18 or older before I participate. I have read and understand the above.

Representative _____ Mailing Address _____ City _____ ZIP _____

Home Phone _____ Work Phone _____ E-mail address _____

Player's Name (please PRINT)	Signature	Address	City	Zip	Age	Phone
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If a player cannot produce adequate I.D., all games s/he has participated in will be forfeited



Local League Supervisor: _____ Date: _____

Player's Name (please PRINT) Signature Address City Zip Age Phone

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