



Team Name: _____ Activity: _____

Division (circle one if applicable) Recreational Competitive

Manager's Name: _____

Address _____ City _____ Zip Code _____

Phone _____ Email _____

Alternate Manager _____

Phone _____ Email _____

LIABILITY WAIVER

I understand that Adult Sports may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I expressly understand and agree that neither the Northern Valley Athletic Association, School District Weld RE-1; the Town of LaSalle a municipal corporation, nor any of the officers, agents, volunteers, assistants, or employees, shall be held responsible or made subject to any claim seeking to assess damages or liability for or from personal injury or property damage to myself or other persons on whose behalf this form is now signed as a result of actual or proposed participation in the above named programs. **I hear by agree to indemnify and hold harmless the Northern Valley Athletic Association, the School District Weld RE-1, the Town of LaSalle, their officers, agents, volunteers, assistants or employees on account of any such claims.**

FORFEIT GAME AGREEMENT

I, being a manager of a team in the LaSalle Recreation adult sports league, agree that without a 48 hour notice of a forfeit, a \$25.00 fee must be paid before the team will be allowed to play in the next scheduled match. No fee will be charged if the team gives a 48 hour notice to the Recreation Department. No forfeits will be rescheduled.

I, being the manager of this team, hereby state that the names of the players on the back of this form are correct and that all players agree to abide by the rules and regulations of this league.

Managers Signature _____ Date _____

REGISTRATION FORM

Town of LaSalle



Each player must read the following statement then complete this form.

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Town of LaSalle Recreation Department Adult Sports Information Sheet

Name (printed)

Home Phone

Signature

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

