

Team Roster/Player Waiver Form

Woodstock Recreation Center, Inc.
 54 River Street Woodstock, VT 05091
 E-mail: www.woodstockrec@yahoo.com
 Web Site: www.woodstockrec.com
 451-1502 - Fax 451-3813

Paid Date _____

Program _____ Team _____

IMPORTANT: Each player **MUST** sign their own name. Please complete form completely and print addresses so they can be read in the future. If the roster is incomplete, it will be returned to the Captains. To be complete and accepted the roster must have at least (7) players and be accompanied with the full payment. If names are falsified, the team will be expelled from the league without refund. There are no refunds for dropping out of the league.

Team Captains MUST make sure the roster form is completed below, collect all fees, and return to the Woodstock Recreation Center by the designated deadline.

I understand that participating in athletic/recreational activities may involve some risk of physical injury and in consideration of the Woodstock Recreation Center acceptance of this registration, I hereby assume such risk for myself and on behalf of my team, and I hereby waive and release any and all rights or claims for damages I and/or my team may have against the Woodstock Recreation Center, its employees, representatives, agents, successors, and assigns for any and all injuries suf-

	Player Name (PRINT)	Phone: Daytime #	Address	Signature
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