TEAM ROSTER

Flag Football: _____ Baseball: _____ Division: _____ Basketball: _____ Division: _____ Softball: _____ Division: _____

CORPUS CHRISTI PARKS& RECREATION

Parks and Recreation Department Official Team Roster	**Team Name:**

Players, coaches and adults must show good sportsmanship while attending all games. The Parks and Recreation Department reserves the right to dismiss anyone from the gym, field, and the league for disorderly con

MEDICAL RELEASE / WAIVER

I do hereby authorize the City of Corpus Christi Parks & Recreation Department to provide emergency medical treatment to me in the event that I am in need for such treatment. I further authorize the treatment to be provided by the licensed medical practitioner or facility determined by the staff to be the best able to serve my needs and further, I understand that I am totally responsible for any expense associated with such treatment. I hereby agree not to sue the City of Corpus Christi if I am injured in any manner while participating in said program. I will hold the City of Corpus Christi and staff harmless from all monetary damages, including punitive damages, imposed by any lawsuit filed related to any injury I may receive while participating in said program. I understand that by signing below I give up all rights to sue the City of Corpus Christi.

By signing this application, I agree that I have read all information pertaining to the league and I agree with all the guidelines set forth by the Parks and Recreation .

	Player Name (print)	Address (print)	City	ZIP	State	D.O.B.	Phone Number	Signature
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