

**City of Dover Parks & Recreation**  
**TEAM ROSTER FORM**  
**INDOOR FIELD HOCKEY**

Team Name: \_\_\_\_\_ League (circle): Women's Co-Ed Adult High School Middle School

Head Coach Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone: Home _____ Cell _____ Work _____ Email _____	Assist. Coach Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone: Home _____ Cell _____ Work _____ Email _____
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***ROSTER MAXIMUM OF 10 PLAYERS***

**PLAYER RELEASE AND WAIVER:** In consideration of my participation in this league, I hereby, for myself, heirs, executors, or administrators, waive and release any and all rights and all claims for damages I may have against the City of Dover, Department of Parks and Recreation, their agents, representatives, or assignees for any and all injuries which may be suffered by my participation. I agree that any photographs taken during the event shall become and remain the property of the City of Dover, and that the City of Dover shall have the right to use such photographs and/or film whenever so desired free of any claims on my behalf.

1.	First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____ Address _____ City _____ State _____ Zip _____ DOB ___/___/___ Signature _____
2.	First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____ Address _____ City _____ State _____ Zip _____ DOB ___/___/___ Signature _____
3.	First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____ Address _____ City _____ State _____ Zip _____ DOB ___/___/___ Signature _____
4.	First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____ Address _____ City _____ State _____ Zip _____ DOB ___/___/___ Signature _____
5.	First Name _____ MI _____ Last Name _____ Home Phone _____ Email _____ Address _____ City _____ State _____ Zip _____ DOB ___/___/___ Signature _____

***All roster information must be legible, completed in full and signed by the player, or it will not be accepted.***

**Additional spaces on back**

**PLAYER RELEASE AND WAIVER:** In consideration of my participation in this league, I hereby, for myself, heirs, executors, or administrators, waive and release any and all rights and all claims for damages I may have against the City of Dover, Department of Parks and Recreation, their agents, representatives, or assignees for any and all injuries which may be suffered by my participation. I agree that any photographs taken during the event shall become and remain the property of the City of Dover, and that the City of Dover shall have the right to use such photographs and/or film whenever so desired free of any claims on my behalf.

6.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____	
	Address _____	City _____	State _____	Zip _____	DOB ____/____/____	Signature _____

7.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____	
	Address _____	City _____	State _____	Zip _____	DOB ____/____/____	Signature _____

8.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____	
	Address _____	City _____	State _____	Zip _____	DOB ____/____/____	Signature _____

9.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____	
	Address _____	City _____	State _____	Zip _____	DOB ____/____/____	Signature _____

10.	First Name _____	MI _____	Last Name _____	Home Phone _____	Email _____	
	Address _____	City _____	State _____	Zip _____	DOB ____/____/____	Signature _____

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