



Recreation Sports Team Entry Form & Roster of Players

Event/Sport _____

Team Name _____ Team Captain _____

Phone # _____ Address _____ City/Zip _____

Waiver: In consideration of acceptance of this entry, I, for myself and my heirs, personal representatives, successors, and assigns, release and hold harmless Lorain County Community College from any and all claims and rights of action of any kind for personal injury, property damage or other loss which I may incur as a result of my participation in this activity. In the event that the participant named herein is a minor, the person signing does hereby certify that he or she is the parent or legal custodian of said minor and signs this Waiver on behalf of said minor.

#	Name of Player	Player's Signature	M	F	Student #	Fac/Staff	Phone #
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

The above players are eligible to play on this team. If there are any roster alterations, they must be documented on the roster within the outlined time frames for the completion of the roster. *I realize that as the team captain, this is my responsibility.*

Signature of Team Captain _____
Date

Return to H.P.E.R. office, PE 104