


NOTE: Team registration will not be accepted if coach does not submit the minimum number of players allowable to register the team.

Auburn Parks, Arts and Recreation					
OFFICIAL ADULT SPORTS ROSTER					
Check one:	<input type="checkbox"/> Basketball	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Other (write in)	
League:	League (Day of Week, check one): <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat				
Team Name:					
Player's First Name: (Please print)			Player's Last Name: (Please print)		<input type="checkbox"/> Check if Assistant Coach
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth date: (mm/dd/yyyy)		Age: (min. 18 yrs old)	
Address					
City		State		Zip Code	
Cell Phone:	Cell Phone Provider:	Email:			
please check box indicating the highest level you competed at (in the above named sport):					
<input type="checkbox"/> None	<input type="checkbox"/> High School JV	<input type="checkbox"/> High School Varsity	<input type="checkbox"/> 2-year College	<input type="checkbox"/> 4-year College	
please check box indicating how you heard about this league:					
<input type="checkbox"/> Flyer	<input type="checkbox"/> Recreation Guide	<input type="checkbox"/> City Website	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other	
Over 18 Participant Signature required					
<p>I am eighteen years of age or older, fully competent and I desire to participate in the City of Auburn's sponsored recreation activity of _____ (name of activity). I am fully aware of the fact that there are special dangers and risks inherent in this activity, including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to me from my participation in this activity. Being fully informed as to these risks and in consideration of my being allowed to participate in the City of Auburn's sponsored activities and/or use of facilities, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use. I also hereby individually and on behalf of my heirs, executors and assigns, release and hold the City of Auburn, its officials, employees, volunteers and agents harmless, and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in this activity. I grant the City of Auburn the right and permission to use or copyright, and re-use, publish, or re-publish photographic pictures, video, electronic images or other reproduction taken during classes for publicity purposes by the Auburn Parks, Arts & Recreation Department.</p>					
Participant Signature (electronic signatures not accepted)				Date	
As coach/assistant coach of above named team, I approve the above player to be added to my roster.					
Coach/Asst. Coach (Print Name)			Coach/Asst. Coach Signature		
credit card information <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER					
NAME ON CARD				TOTAL DUE \$	
VISA or MASTERCARD NUMBER			3-DIGIT CVC	EXP. DATE (MM/YY)	
CARDHOLDER SIGNATURE (electronic signatures not accepted)					

Return to:

Auburn Parks, Arts & Recreation Department | 910 Ninth Street SE, Auburn WA 98002 | FAX 253-931-4005
 Contact: sportsleagues@auburnwa.gov or 253-931-3043