



CITY OF LIVINGSTON RECREATION DEPARTMENT CONTRACT & TEAM ROSTER

Resident Team: _____
 Non Resident Team: _____
 Non Resident Fee: \$ _____
 (Add \$5 per non resident player)
 (Resident team 51% Livingston
 players)
STAFF USE ONLY

Season: _____ Year: _____ Sport: _____

Team Name: _____ Date: _____
 League Fee: \$ _____ / Non-Resident fee: \$ _____ ASA Fee: \$ 25.00 Total: \$ _____

Manager: _____ Hm# _____ Cell/Work# _____
 Address: _____ City _____ Zip _____
 Assistant Manager: _____ Hm# _____ Cell/Wk# _____

In Consideration of being permitted to participate in the above Recreation Activity, I with the intent of binding myself, my spouse (if any) and my heir, legal representatives, and assigns, release and discharge the City of Livingston, Merced Union High School District, and Livingston Elementary School District from any legal liability or responsibility from all injuries or damages, suffered by me while participating in the Recreation activity in the above name Sports League during the year _____ and sponsored by the Livingston Recreation Department.

I further agree to hold the City of Livingston, Merced Union High School District, and Livingston Elementary School District harmless and to indemnify the said City and above name from any liability, if any, arising out of any claim made by or on behalf of myself arising out of the activity heretofore set forth.

I understand that in signing this release I do not exempt or release the City, it's Councilpersons, employees, agents, assigns or the Recreation Program sponsors from responsibility for any fraud, willful injury, or willful or negligent violation of the law committed by any such persons.

I further understand that "THE CITY OF LIVINGSTON DOES NOT HAVE OR PROVIDE MEDICAL OR ACCIDENT INSURANCE FOR PERSONS INVOLVED IN PROGRAMS SPONSORED BY THE RECREATION DEPARTMENT. INSURANCE RESPONSIBILITIES LIE WITH EACH INDIVIDUAL ON A TEAM."

I hereby subscribe my name below in the column for signatures and by doing so certify that I have read and understand the above statement and that the information supplied on this roster is correct to the best of my knowledge. Additionally, I have read the rules and guidelines and will comply with them.

All resident players must have a copy of their current CDL or proof of residency at the first game incase residency is questioned.

Please complete and sign on all pages in the same order

Player #	PLAYER'S NAME (PRINT)	PLAYERS SIGNATURE	RESIDENT CITY	PHONE #	AGE	Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

I certify that all of the above information listed players conform to the rules and regulations set forth by the Livingston Recreation Dept. Falsifications of any names, ages or signatures will constitute forfeiture of league fee and right to play in the league. I further understand that if my team is removed from the league due to a violation of league rules, my team fee is non refundable.

SIGNED: _____, Manager DATE: _____