

# Team Roster

Please complete this form and return to Body Zone at/prior to first scheduled game. Rosters are final after the 4th week.

Check one:  Soccer (18)  Lacrosse (18)  Football (20)  Volleyball (15)  Basketball (12)  Other

Team Name: \_\_\_\_\_ Age Group/Division: \_\_\_\_\_ Session:  Spring  Summer  Fall  Winter I  Winter II

Team Captain: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Assumption and release of liability: The use of fitness equipment, participating in fitness programs, and playing contact sports such as ice hockey, soccer, field hockey, lacrosse, basketball, and others are inherently dangerous. The undersigned, on behalf of the undersigned and the undersigned's child (collectively "Participant") hereby: (1) assume the risk of personal injury, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to the activities conducted and services provided at Body Zone Sports and Wellness Complex; (2) unconditionally waive, release, and discharge WRC Sports and Fitness Limited Partnership and its agents, Commonwealth Orthopedic Associates, Inc. and their agents, employees, staff members, officers, directors, partners, members (collectively the "Released Parties") from all liability, claims, or responsibility for injuries to Participant; (3) grant permission for Participant to participate in activities at Body Zone Sports and Wellness Complex; (4) unconditionally release the Released Parties from injury arising from any good faith acts or omissions in emergency situations and (5) give permission to the staff/and or sub contracted staff of Commonwealth Orthopedic Sports Medicine to evaluate and treat my child, while participating in activities at Body Zone.

I agree that you may photograph and/or videotape me or my child during my activities and that you retain the right to use these visual images in future literature for Body Zone Sports and Wellness Complex without compensation to me or my child. I further agree that you may use my name, my child's name, or any testimonials made by us without limitation in advertising and promoting Body Zone Sports and Wellness Complex.

I represent that I am over the age of 18 or a parent/guardian of the minor named above, and agree that the grant and release contained therein binds me and the minor of all of its terms.

	Uniform Number	Players Name	Email Address	Phone	Birthdate	Signature <small>(Must be parent/guardian if under 18)</small>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

\*Signify premier players by inserting a "P" in the uniform number box in front of the players name\* (ie 10P)