CANTON JOINT RECREATION DISTRICT

1414 Market Avenue North
Canton, Ohio 44714
330-456-4521
E-Mail: matt@cantonrecreation.com

2015 OFFICIAL KICKBALL LEAGUE ROSTER

TEAM NAME: _____ (*OFFICE USE ONLY*) **DATE FILED:** _____

LEAGUE: _____

ROSTER DEADLINE: All rosters for the **2015** season must be on file at the Canton Joint Recreation Office prior to your **FIRST GAME**. **NO** duplications or previous year's roster will be accepted in any form. **THERE WILL BE NO EXCEPTIONS IN THIS MATTER**.

PLAYER'S CONTRACT AND AGREEMENT

I, **THE UNDERSIGNED,** hereby agree to play with the said team during the current season, or until I am given my release in writing by said team and same is recorded in the office of the Canton Joint Recreation District. I promise to abide by the rules and regulations/policies of the Canton Joint Recreation District and the league to which the said team is a member. I hold harmless the Canton Joint Recreation District, Officials, City of Canton, Canton Park District, or their agents, employees, volunteers, and my backer of any financial responsibility due to injuries or property damage while playing or practicing.

I, understand I must pay all hospital and/or ambulance costs incurred. I further understand that if I am injured or the situation necessitates the calling of any medical services and the use thereof, I hold full responsibility for any liabilities arising out of these services and will not hold the Canton Joint Recreation District, Officials, City of Canton, Canton Park District, nor any constituent thereof responsible. I grant permission to have emergency first aid to be administered in case of injury incurred.

I, maintain that I have read this agreement and acknowledge responsibility for all above statements.

_____ _____

Signature of Manager *Date*

(*PRINT THIS SECTION*)
MANAGER'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____ **E-MAIL ADDRESS:** _____