ANNE ARUNDEL COUNTY RECREATION & PARKS DEPARTMENT
ADULT SPORTS TEAM ROSTER

P.O. BOX 6675 ANNAPOLIS, MD 21401
www.aacounty.org/recparks

PLAYING SEASON:
SPORT:

1. Use Ball Point Pen ONLY.
2. All copies must be returned to the Recreation and Parks Department.
3. Roster must be registered prior to the beginning of the playing season.
4. No rosters shall be valid without the signature of the player and manager.
5. **In consideration of the permission given by A.A. County** to participate in athletic programs stated herein, and other good and valuable consideration, signatures affixed this form agree: To play with the above team during season noted or until given a release in writing by the Manager of the said team and said release is recoreded in the Rec. & Parks Office; To observe and abide by the rules and regulations of the A.A. Co. Rec. & Parks Dept.; That participation in this athletic program is voluntary and that A.A. County, its employees and agents assume no responsibility for any injuries sustained by myself or others, absent those which are willfully or maliciously inflicted by the County, its agents or employees.
6. By signing the roster, I agree to abide by the Mid-Atlantic Recreation & Parks' Sports Alliance's Sports Code of Conduct.
7. **Adult Sports Players Pledge**: I understand the importance of sportsmanship and fair play. I understand the importance of respect for players, games officials, and league organizers. I understand the importance of leaving the playing field/gym in the same condition as I found it. I understand the importance of league rules and guidelines as necessary components of the game. Therefore, I will, at all times, respect the decisions of the game officials and league organizers. I will not publicly criticize a game official's ruling during or immediately after an athletic contest. I will through my words and actions display a high level of sportsmanship and fair play.

TEAM NAME		LEAGUE NAME
MANAGER'S NAME (PRINT FULL NAME)	MANAGER'S SIGNATURE	PHONE NUMBER HOME: WORK:
MANAGER'S ADDRESS (INCLUDE ZIP CODE)		

NAME (PRINT FULL NAME) ADDRESS	PLAYER'S SIGNATURE	BIRTH DATE PHONE NUMBER