

Adult Sports Player Pool List

Upon receipt of this form, our staff will place your name on the Player Pool List for each sport you indicate below. Each list is available to team managers who wish to add players to their team rosters. Additionally, individuals that wish to form a team may receive a copy of the Player Pool List. While submittal of this form does not guarantee you a spot on a team, it does provide the opportunity for you to be contacted by teams that need additional players.

To have your name added to a Player Pool List simply fill out the information below and press the submit button located at the bottom of the form. You may also mail, drop off, or fax (480 350-5058) the completed form to our office.

Please place a next to each sports league you are interested in.

- | | | |
|--|---|--|
| <input type="checkbox"/> Men's Softball Leagues | <input type="checkbox"/> Co-Rec Soccer Leagues | <input type="checkbox"/> Men's Baseball Leagues |
| <input type="checkbox"/> Co-Rec Softball Leagues | <input type="checkbox"/> Men's Basketball Leagues | <input type="checkbox"/> Men's Flag Football Leagues |

Additional Information: _____

Please Print Clearly. Sign or type name and date.

Name _____ E-mail address _____

Reside in City _____ Phone Contact _____

-- Waiver of Liability --

- With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Activity.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Activity. I will require the following accommodation to participate: _____
- I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

Participant's Electronic Signature _____

Date _____