

DES MOINES PARK AND RECREATION DEPARTMENT
OFFICIAL YOUTH SPORTS TEAM ROSTER

**NOTE: Roster does not need to be submitted at the time of registration, but needs to be in the Leisure Sports Office at the Four Mile Community Center before the first game is played.*

TEAM NAME _____ LEAGUE NAME & SPORT _____

Manager's Name (Print) _____ Email Address _____

Home Address _____ City _____, IA Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

No food or liquid products are allowed in gym areas.

I, the undersigned parent/guardian, hereby give my permission for my minor child to participate in this program and agree to abide by all league rules and to follow good sportsmanship and spectator code of conduct rules. **Further, I have read the Release and Waiver, Assumption of Risk and Indemnity Agreement on the back of this form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it voluntarily without assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the fullest extent permitted by law.**

1) Parent's Signature _____	Child's Name _____
Home Address _____	Zip _____ Home/Cell Phone _____ Work Phone _____
2) Parent's Signature _____	Child's Name _____
Home Address _____	Zip _____ Home/Cell Phone _____ Work Phone _____
3) Parent's Signature _____	Child's Name _____
Home Address _____	Zip _____ Home/Cell Phone _____ Work Phone _____
4) Parent's Signature _____	Child's Name _____
Home Address _____	Zip _____ Home/Cell Phone _____ Work Phone _____
5) Parent's Signature _____	Child's Name _____
Home Address _____	Zip _____ Home/Cell Phone _____ Work Phone _____
6) Parent's Signature _____	Child's Name _____
Home Address _____	Zip _____ Home/Cell Phone _____ Work Phone _____
7) Parent's Signature _____	Child's Name _____
Home Address _____	Zip _____ Home/Cell Phone _____ Work Phone _____
8) Parent's Signature _____	Child's Name _____
Home Address _____	Zip _____ Home/Cell Phone _____ Work Phone _____
9) Parent's Signature _____	Child's Name _____
Home Address _____	Zip _____ Home/Cell Phone _____ Work Phone _____
10) Parent's Signature _____	Child's Name _____
Home Address _____	Zip _____ Home/Cell Phone _____ Work Phone _____