

# Cincinnati Recreation Commission

## Athletic Division

Two Centennial Plaza, 805 Central Avenue, Suite 800  
Cincinnati, Ohio 45202-1947  
Phone: (513)352-4020 / Fax: (513)352-1605

### UNDER-AGE PLAYER'S ROSTER

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**This roster must be submitted to the CRC Athletic Office before the player may participate in the program!**

Division: Men \_\_\_\_\_ Women \_\_\_\_\_

Team Name: \_\_\_\_\_

In consideration for being permitted to participate in the Cincinnati Recreation Commission Lacrosse, I do hereby for myself, executors, administrators and heirs release the City of Cincinnati, the Public Recreation Commission, their employees, officers and representatives from all claims or demands resulting from any and all injuries sustained while participating in or attending games, as part of the Cincinnati Recreation Commission Lacrosse Program. I further agree to abide by the rules and regulations of the Public Recreation Commission and the City of Cincinnati.

**Please print this section clearly – also, all players and parents/guardians must sign roster.**

Player's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age & Grade \_\_\_\_\_ High School or Club Team \_\_\_\_\_

\_\_\_\_\_  
Date

Signature of Player

\_\_\_\_\_  
Date:

Signature of Parent /Guardian

#### Emergency Contacts

\_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Mother

\_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Father

If the above individuals can not be reached, please notify:

\_\_\_\_\_  
Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Relationship \_\_\_\_\_