



City of Panama City Beach Parks and Recreation Department Co-Ed Adult Player Contract



Team Name: _____ Sport: _____

Team Manager: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

EACH PLAYER MUST READ AND SIGN BELOW

I agree to adhere to the rules and regulations of the City of Panama City Beach Parks and Recreation adult sports leagues and tournaments. I realize that there are inherent risks in this activity and by signing below, I agree to assume these risks. Furthermore, I agree to hereby absolve and indemnify the City of Panama City Beach, their directors and employees, and any organization co-sponsoring programs from any injuries sustained as a participant in these activities. I also understand that the City of Panama City Beach does not carry medical insurance.

	<u>Name:</u>	<u>Jersey #:</u>	<u>Address:</u>	<u>Age:</u>	<u>Telephone:</u>	<u>Signature:</u>
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