

**WINSTON-SALEM RECREATION AND PARKS DEPARTMENT
ATHLETIC LEAGUE PLAYER CONTRACT**

I, _____, hereby agree to play _____ during the season of _____
(Name of Player) (Sport) (Year)
with _____ team of the _____
(Name of Team) (League)

The player understands that the Sport designated above involves risk of bodily injury, potentially death, and the Player hereby assumes all risk involved in this sport. Further, the Player shall inspect, to his/her satisfaction, the playing surface and facilities prior to participating in each game, and his/her participation in each game shall be a waiver of any claim that the playing surface or facilities are defective or dangerous for purposes of the game. Player hereby releases and holds harmless the League Sponsors, the City of Winston-Salem and its departments, agents, and employees from any and all claims related to personal injury or property damage.

Players Signature _____ Phone(s) _____

PRINT Players Name: _____

Street _____ City _____ Zip _____
(Must be Resident Address)

Do you live in the City or County (Check One) Do you work in the City or County (Check One)
Players that do not live in the City of Winston-Salem must pay a \$20.00 non-resident fee before he or she is an eligible player.

Manager's Signature _____ Pastor's Signature (If Church League) _____

PRINT Manager's Name: _____ PRINT Pastor's Name: _____

By his/her signature, manager acknowledges that the Player named above represented to the Manager that he/she read, understood, and executed this contract. Further, Manager warrants that he/she will allow only eligible players who have properly executed a contract to play in any game.

Parent or Guardian if participant is not 18 years of age: _____

PRINT Parent/Guardian Name: _____

This Contact can be mailed to:
Winston-Salem Recreation and Parks Department
Attn: Athletics
PO Box 2511
Winston-Salem, NC 27102-2511

Or Delivered to: Winston-Salem Recreation & Parks Department
Bryce Stuart Municipal Building
100 E. First Street, Suite 407
Winston-Salem, NC 27101
Telephone: 336.727.2063

Received by: _____ Date: _____

CONTRACT CANNOT BE FAXED

**WINSTON-SALEM RECREATION AND PARKS DEPARTMENT
ATHLETIC LEAGUE PLAYER CONTRACT**

I, _____, hereby agree to play _____ during the season of _____
(Name of Player) (Sport) (Year)
with _____ team of the _____
(Name of Team) (League)

The player understands that the Sport designated above involves risk of bodily injury, potentially death, and the Player hereby assumes all risk involved in this sport. Further, the Player shall inspect, to his/her satisfaction, the playing surface and facilities prior to participating in each game, and his/her participation in each game shall be a waiver of any claim that the playing surface or facilities are defective or dangerous for purposes of the game. Player hereby releases and holds harmless the League Sponsors, the City of Winston-Salem and its departments, agents, and employees from any and all claims related to personal injury or property damage.

Players Signature _____ Phone(s) _____

PRINT Players Name: _____

Street _____ City _____ Zip _____
(Must be Resident Address)

Do you live in the City or County (Check One) Do you work in the City or County (Check One)
Players that do not live in the City of Winston-Salem must pay a \$20.00 non-resident fee before he or she is an eligible player.

Manager's Signature _____ Pastor's Signature (If Church League) _____

PRINT Manager's Name: _____ PRINT Pastor's Name: _____

By his/her signature, manager acknowledges that the Player named above represented to the Manager that he/she read, understood, and executed this contract. Further, Manager warrants that he/she will allow only eligible players who have properly executed a contract to play in any game.

Parent or Guardian if participant is not 18 years of age: _____

PRINT Parent/Guardian Name: _____

This Contact can be mailed to:
Winston-Salem Recreation and Parks Department
Attn: Athletics
PO Box 2511
Winston-Salem, NC 27102-2511

Or Delivered to: Winston-Salem Recreation & Parks Department
Bryce Stuart Municipal Building
100 E. First Street, Suite 407
Winston-Salem, NC 27101
Telephone: 336.727.2063

Received by: _____ Date: _____

CONTRACT CANNOT BE FAXED