

Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone #: _____

Cell #: _____

E-mail Address: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Date of Birth: _____

Church Membership: FBR None Other: _____

T-shirt Size: _____ Paid: _____

Team Name: _____

WAIVER OF LIABILITY

I, the undersigned, acknowledge that participation in athletic events necessarily involves risk of physical injury to myself or others and I am willing to assume responsibility for such risks. I realize that the programs in the ROC are primarily administered by people who are un-trained volunteers rather than paid professionals. In consideration for my participation in ROC activities and use of facilities, I hereby waive any claims I might have, now or in the future, against the ROC, First Baptist Raytown and its employees, volunteers and other agents for any injuries or damages I might suffer while participating in any ROC sponsored events. This waiver includes any physical injury which may be caused by the negligence of any official, referee or coach while performing his/her duties during any practices or games. I agree to hold harmless First Baptist Raytown, et al., as aforesaid, for any liability for any injury or damages described above.

Signature of Individual: _____

Date: _____

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State: _____ Zip Code: _____

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Signature of Individual: _____

Date: _____

ROC Adult Leagues



Basketball
Volleyball
Softball

ROC Adult Leagues



Basketball
Volleyball
Softball

ROC Adult Leagues



Basketball
Volleyball
Softball