



## Sports Roster Form Adult Doubles Tennis

The following information must be submitted to Parks and Recreation prior to participation in the Tennis Program. **Each player** must email the completed form to [michael.wilcox@yorkcounty.gov](mailto:michael.wilcox@yorkcounty.gov) by September 2<sup>nd</sup>. The information will be kept on file for the duration of the program. **IF REGISTERING WITHOUT A TEAM WRITE "SINGLE" IN THE TEAM NAME BOX BELOW**

<b>Team Name:</b>		
<b>Player #1 Name (Last, First):</b>		
<b>Player #2 Name (Last, First):</b>		
<b>Phone Number:</b>		
<b>Email Address:</b>		

**Important:** Read the following carefully before signing below.

I have read the Rules and Regulations (by-laws) set forth and agree to abide by them and all other decisions made by the Division of Parks and Recreation regarding this league; I understand **alcohol is NOT to be consumed** on school or park grounds and I realize there is **NO Smoking while on the tennis courts**. Violation of either alcohol or no smoking rules will **result in player ejection from game(s) and possible suspension for the remainder of the tennis season.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_