

TEAM ROSTER

SPORT _____

TEAM COLORS _____

TEAM NAME _____

LEAGUE: 1st choice _____

2nd choice _____

TEAM SPONSOR _____

I ACKNOWLEDGE THAT I HAVE READ THE REVERSE SIDE OF THIS FORM, AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND BY SIGNING THIS FORM AGREE TO ABIDE BY THEM.

| | PLAYER'S NAME | PLAYERS SIGNATURE | EMAIL | PHONE |
|----|---------------|-------------------|-------|-------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

Manager's Name _____

Address _____

City/Zip _____

League Fees

Paid

Date Received

| |
|--|
| |
| |
| |
| |
| |