



ADULT SPORT TEAM ROSTER

OFFICE USE ONLY:
 Date Paid _____
 Cash/Check _____
 Receipt # _____

League _____
Please specify Spring or Summer and Men's A, B, C, Coed, Women's

Team Name _____

Captain _____ Phone _____

Address _____ City _____ Zip _____

- Each participant must complete and sign a Waiver
- Age Limits: 18 yrs. and older Men's A and B Leagues; 16 yrs. and older Men's C, Coed and Women's
- Teams will not be placed on a schedule unless ALL Waivers, Roster and Fee are turned in at City Hall

Participant's Name	Age	Home Phone	Work Phone	Waiver Attached ✓
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Captains: As Captain of this team, I certify that all the above information is true and correct and that each participant has been advised of the rules and regulations and has signed a waiver. By my signature I further understand that any participant listed above giving incorrect information shall be declared ineligible and shall cause my team to forfeit every game played to date.

Captain's Signature _____ Date _____