

# ADULT LEAGUE ROSTER

LEAGUE \_\_\_\_\_  
TEAM NAME \_\_\_\_\_

DATE \_\_\_\_\_  
CAPTAIN NAME \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_



PRINT NAME	SIGN NAME <i>(PARENTS SIGN IF UNDER 18)</i>	DOB	PHONE	STREET ADDRESS	CITY

**SPONSOR FEE RECEIPT #** \_\_\_\_\_

**TEAM PLAYERS FEE RECEIPT #** \_\_\_\_\_

**PLAYERS**  
By signing above you hereby release the Park & Rec Dept., City of Norwalk and all others from any and all liabilities incurred during competition or practice. You personally assume all responsibility as a result of being permitted to participate in this program.

**CAPTAIN**  
By signing this roster, I am stating that the above addresses are correct and that the above are legal participants.  
**Signature:** \_\_\_\_\_

