ADULT LEAGUE ROSTER

LEAGUE _____ **DATE** _____

TEAM NAME _____ **CAPTAIN NAME** _____

PHONE _____

EMAIL _____

PRINT NAME	SIGN NAME *(PARENTS SIGN IF UNDER 18)*	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 responsility as a result of being permitted to participate in this proegram.

CAPTAIN

By signing this roster, I am stating that the above addresses are correct and that the above are legal participants.

Signature: _____