

ADULT SPORTS TEAM

ROSTER FORM

Team Name:		League: Coed - Men - Women		
Season	Level: Gold / Silver / Bronze	Day: Sun, Mon, Tue, Wed, Thur, Fri		
	Player Name	Player Address or email	Phone	Player Signature
	Captain			
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Waiver for Participation

In consideration of your accepting my (team), I hereby, for myself, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I, or my team may have against the City of Westminster and its employees, representatives, and successors for any and all injuries suffered by myself or my team, at this activity for which I am registering myself (my team).