



★ BROWNSVILLE ★ SPORTS PARK

LEAGUE PLAYER ROSTER

TEAM NAME:

MANAGER'S NAME:

E-MAIL:

DIVISION: Adult Co-ed Recreational

CELL PHONE:

MANAGER'S SIGNATURE:

I, the undersigned, agree to abide by the rules and regulations of the City of Brownsville (Brownsville Sports Park) Adult Sports Leagues. I further agree to release the City of Brownsville, its employees and/or agents from any injury that may occur to me during league and/or tournament play.

	Name (Print)	Date of Birth	Age	SIGNATURE	ID Checked
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*** Rosters must be complete and turned in to scorekeepers by the second game.**