

OFFICE USE ONLY

Amount Paid	_____
Date paid	_____
Staff Initials	_____

City of Morrison

LEAGUE/TOURNAMENT ROSTER, WAIVER, & RELEASE OF ALL CLAIMS

SPORT _____

TEAM NAME _____

Circle Divisions Coed or Mens OR Womens

Captain	_____	Day Phone	_____
Address	_____	Eve Phone	_____
City, St & Zip	_____	Email	_____

Co-Captain	_____	Day Phone	_____
Address	_____	Eve Phone	_____
City, St & Zip	_____	Email	_____

Please Print and Complete All Information

PLAYERS NAME	ADDRESS	CITY	PHONE	SIGNATURE

Participation will be denied if the signatures of an adult participant or parent/guardian are not on this roster.
 A participant's information and a legible signature are required to be legally considered on the roster