## CITY OF CALDWELL PARKS & RECREATION LEAGUE ROSTER

SPORT				
TEAM NAME		DIVISION		
CONTACT	H	M #	WK #	
HOME OR BUSIN	ESS ADDRESS			
SPONSOR FEE		DATE PAID		
physically and medica sport. I, (for myself an employees thereof, fro	ing in sports activities can potent lly able. I have read this waiver a d anyone entitled to act on my be m any claims or liabilities of any	and am willing to accept half), waive and release that kind arising from my particular to the state of the st	the risks associated with this the City of Caldwell, and	
PLEASE WRITE LEGI	IBLY AND LIST COMPLETE AD  SIGNATURE	DRESS ADDRESS	PHONE	
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15				

Rosters must be filled out completely. Incomplete rosters will not be accepted. Rosters will be frozen per league rules. This form must be signed by each player listed. Additional team members can be added to back of form.