CITY OF BIG RAPIDS
DEPARTMENT OF RECREATION

TEAM NAME/SPONSOR_____

TEAM CAPTAIN:_____ ALTERNATE TEAM CAPTAIN:_____

ADDRESS:_____ ADDRESS:_____

HOME PHONE:_____ WORK PHONE:_____ HOME PHONE:_____ WORK PHONE:_____

CITY/ZIP CODE:_____ CITY/ZIP CODE:_____

SCHOOL DISTRICT:_____ TOWNSHIP:_____ SCHOOL DISTRI CT:_____ TOWNSHIP:_____

SIGNATURE:_____ SIGNATURE: _____

Please Circle League: MENS WOMENS COED Date:_____

I UNDERSTAND AND AGREE THAT THE CITY OF BIG RAPIDS, ITS RECREATION DEPARTMENT, AND ANY OTHER PERSON CONNECTED WITH A CITY ORGANIZED RECREATIONAL PROGRAM OR ACTIVITY IS HEREBY RELEASED FROM LIABILITY FOR MY INJURIES OR MEDICAL EXPENSES THAT MAY BE INCURRED AS A RESULT OF MY PARTICIPATION IN THE PROGRAM OR ACTIVITY, AND I WAIVE ANY CLAIMS FOR SUCH INJURIES OR MEDICAL EXPENSES.

CAPTAINS & ALTERNATE CAPTAINS DO NOT NEED TO FILL OUT INFORMATION BELOW IF INFORMATION IS FILLED OUT ABOVE.

NAME OF PLAYER	STREET ADDRESS	CITY	SCHOOL DISTRICT	TOWNSHIP	HOME PHONE	SIGNATURE

Notes: 1) Rosters must be completed with all information before they will be accepted.
2) All names that appear on the roster will be considered part of the team whether they are full time or part time players.