

TOMAH PARKS & REC ADULT SPORTS ROSTER

TEAM NAME: _____

CAPTAINS NAME: _____ **CONTACT #** _____

ADDRESS: _____

E-MAIL: _____

RANK YOUR TEAM (A,B,C) _____

PLAYER NAME	PHONE NUMBER

READ CAREFULLY: As manager/representative of the above stated adult sports team, I hereby attest and witness that the above stated members of the team roster have of their own free will elected to participate in this years **Adult Sports League**. In addition, the above stated members of the team and all persons associated with your team understand that the stated activity, like most physical/athletic activity, has some degree of inherent risk involved. Furthermore, all participants are in good physical condition appropriate for the stated activity and that the above participants must assume full responsibility for personal injury incurred while taking part in the league. (This also involves going to site/leaving for home during the dates of the league/ tournament. **No Accident insurance is provided through the City of Tomah.**

SIGNATURE OF TEAM MANAGER/REP.: _____ DATE: _____