

**CITY OF CALDWELL
PARKS & RECREATION LEAGUE ROSTER**

SPORT _____

TEAM NAME _____ **DIVISION** _____

CONTACT _____ **HM #** _____ **WK #** _____

HOME OR BUSINESS ADDRESS _____

SPONSOR FEE _____ **DATE PAID** _____

I realize that participating in sports activities can potentially be hazardous. I agree not to participate unless I am physically and medically able. I have read this waiver and am willing to accept the risks associated with this sport. I, (for myself and anyone entitled to act on my behalf), waive and release the City of Caldwell, and employees thereof, from any claims or liabilities of any kind arising from my participation in said sport.

PLEASE WRITE LEGIBLY AND LIST COMPLETE ADDRESS

NAME	SIGNATURE	ADDRESS	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
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.