



Baxter Sports Complex – ROSTER FORM

Team Name/Sponsor: _____ Sport: _____

Manager Name: _____ Division: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ E-mail: _____

	NAME	E-MAIL	SIGNATURE
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*Roster form must be completed with name and signature of each roster member *before* the first game. If player is under the age of 18 (unless emancipated) this form must be signed by parent/guardian.

In signing the above roster, I do hereby for myself, my heirs, executors and administrators waive, release, and forever discharge any and all rights and claims for injuries or damages arising out of this program. I am fully aware that accidents and injuries may occur during the conduct of this program, and do fully absolve the Fort Madison Sports Complex and any elected or appointed officials, from all personal liability as a result of my participation in this program.