TEAM ROSTER

Team Name/Sponsor Name: _____

Manager's Name: _____

E-mail: _____ Phone#'s _____

Manager's Address: _____

OFFICE USE ONLY	
Sponsor Fee Paid & Initial	
Number of Players Paid	

As a participant, *I understand that the Valley City Parks & Recreation District does not carry insurance for the participants in any program. I accept the policy that no refunds are given once the prgram begins, and I accept the facilities and any equipment located upon the facility for any program.*

PLAYER'S NAME print name	Date of Birth	Address(Including city, state, & zip) print	Home Phone #	Work Phone #	E-mail print