

ADULT SPORTS OFFICAL LEAGUE ROSTER

Season / Sport _____

Preferred League/Night _____

This roster must be turned in by the deadline along with full payment for league enrollment **Amount Paid** \$ _____

Team Name _____ Sponsor _____

Manager _____ Address _____

Phone _____ Email _____



I do hereby state that our team will abide by the Cañon City Area Metropolitan Recreation and Park District's Policies. I will read and understand the rules and regulations applying to this league and assure that this team will comply with them. I am aware that a participant must be 18 years of age and a high school graduate.

Signed _____ Date _____

In the event that this team wins the championship, I understand that only those persons listed on this roster with a signature will be eligible to receive a championship T-Shirt. Players must sign this roster before they participate. Rosters are limited to 20 players.

I, by signing below, state that I will not hold the Cañon City Area Metropolitan Recreation and Park District, or any person connected with the Cañon City Recreation District, responsible for any accident or injury which may occur while I am taking part in this program.

Name	Address	Phone#	E-mail	Signature	T-Shirt Size
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____