



Team Name: \_\_\_\_\_ Sport: \_\_\_\_\_ League: \_\_\_\_\_ Team Fee Receipt: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**NOTE:** There is a penalty for any false information on this document. As manager, you must certify that the players have signed and all their information is true. As players, signing the document means that you agree to play with the above named team for the season or until properly released. You agree to abide by the Recreation Departments rules and the program rules, and you agree to participate in a sportsman-like manner at all times. The City of Coldwater, the Recreation Department, sponsors, team managers or anyone else connected with this program are not responsible for any injury which may occur.

Players Name	Signature	D.O.B.	Legal Residence	Phone Number	Email Address	T-shirt Size
1						
2						
3						
4						
5						
6						
7						
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9						
10						

<b>Players Name</b>	<b>Signature</b>	<b>D.O.B.</b>	<b>Legal Residence</b>	<b>Phone Number</b>	<b>Email Address</b>	<b>T-shirt Size</b>
11						
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