WAMEGO RECREATION DEPARTMENT

Adult Team Roster

YEAR_____

All information must be complete before the Wamego Recreation Department will accept this roster. The completed roster and necessary fees must be turned in before the team will be placed in the schedule/tournament bracket.

In signing the roster below, I am agreeing to the following: I am aware that my participation in this sports activity may result in personal injury or other damages to others or myself. I do waive, resolve, indemnify and agree to hold harmless the Wamego Recreation Department, its staff, officials, other participants and sponsors.

Please specify league_____(basketball, volleyball, softball, etc…)

TEAM NAME_____

Coach/Manager Name_____e-mail_____

Coach/Manager Home Phone_____Work Phone_____Cell Phone_____

Coach/Manager Address_____

Street *Town* *Zip*

Printed Name	*Players Signature*	*Players Address*	*Phone – Home*	*Phone- work*	*M/F*

Fees Paid_____Receipt Number_____Date_____

Wamego Recreation Department 785-456-8810 E-mail: recreation@wamego.org