

Adult Team Roster and Release Form

Activity: Check One	Cost Per Team:	Reg. Deadline:	Program Timeline:
___ Co-ed Softball	\$400	May 15 – Capt. Mtg. 7 pm	Mondays - June-July (9 weeks)
___ Co-ed Volleyball	\$275	Sep. 3 – Capt. Mtg. 7 pm	Wednesdays– Sep-Nov (9 weeks)
___ Womens Volleyball	\$275	Jan. 7 – Capt. Mtg. 7 pm	Weds/Thurs - Jan-Mar (9 weeks)
___ Mens Basketball	\$400	Jan. 7 – Capt. Mtg. 7:30pm	Weds – Jan - Mar (9 weeks)
___ Womens Spring VB	\$200	Mar. 12 – Capt. Mtg. 6 pm	Thursdays - Mar-May (7weeks)

Recreational Team ___ Competitive Team ___ Game Night Preference: _____

Team Name: _____ Captain's Name: _____

Captain's Address

Captain's Phone Captain's Cell Phone Captain's Email

TEAM ROSTER

Player Name:	Phone:	Date Added to Roster:
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____

By Signing the roster, I hereby release and discharge the Bowman park Board and all employees and volunteers from any liability whatever in any manner arising out of injury or damage that may be sustained by the participant due to his/her participation in these programs. I assume all responsibility of risks involved in participation in these programs.

~ DO NOT WRITE BELOW – Bowman Parks and Recreation USE ONLY ~

Fee Paid: \$ _____ Cash ___ Check #: _____ Date: _____ Entered Date: _____
 Staff Initials: _____