

RAYMORE PARKS & RECREATION
Team Roster – Turn into Site Supervisor



Team Name: _____ Program: _____

Captain: _____ Address: _____

Day Phone: _____ Evening Phone: _____

My family and I hereby waive and release the City of Raymore and the School District from claims for damages and/or injuries incurred while participating in or as a spectator at a City sponsored event. We understand and agree that the school district offers no liability or medical insurance coverage to participants of city sponsored programs held in school district facilities. I also agree as a participant, to grant full permission to the city to use my name, photograph, videotape or recording for promotional purposes without obligation or liability to me or my family.

**** ALL ROSTERS MUST BE TURNED INTO THE CHIEF
 UMPIRE/TOURNAMENT SUPERVISOR ** PLAYERS MAY NOT
 BE ADDED AFTER THE FIRST WEEKEND OF PLAY.**

Season & Date: _____

	Participant Name (Please Print)	Address	Day Phone	Signature
1				
2				
3				
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14				
15				

League Updates will be handled through E-Mail via the team captain--PLEASE PRINT CLEARLY