

**WENDELL PARKS & RECREATION DEPARTMENT
OFFICIAL TEAM ROSTER**

Name of Team _____ Coach's Name _____
 Phone (H) _____ (Cell) _____ Email Address: _____

Coach's Address _____

Each individual that signs below certifies that the information provided is true and correct. **By signing this roster, I hereby release the Town of Wendell, it's agents, league or tournament officials, employees and officers from all responsibility arising out of injury (physical or otherwise) incurred during program activities.**

<i>Print Name</i>	<i>Signature</i>	<i>Email Address</i>	<i>Home Phone</i>	<i>Cell Phone</i>
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