

854 Reading Road \*Mason, OH 45040

(513) 770-0667



## TEAM ROSTER FORM

**Please complete this form on-line or print and mail to the above address.**

TEAM NAME: \_\_\_\_\_

(check one)     Men or     Women

(check one)     WINTER     SPRING     SUMMER     FALL

CAPTAIN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

	NAME		Jersey #	AGE	PHONE #	Birth Date
	(First)	(Last)	(Home/Away)			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

854 Reading Road \*Mason, OH 45040

(513) 770-0667



## LEAGUE REGISTRATION FORM

---

**Please complete this form on-line or print and mail to the above address.**

**TEAM NAME:** \_\_\_\_\_

(check one)     **Men** or  **Women**

(check one)     **WINTER**    **SPRING**    **SUMMER**    **FALL**

(check one)     **Sunday** or  **Thursday**

**CAPTAIN'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

**HOME PHONE (    )** \_\_\_\_\_ **CELL (    )** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **PHONE (    )** \_\_\_\_\_

**I hereby certify that the members of the team meet the age requirements stipulated by McGee's Courts for Sports. I also certify that each of the named players on my team roster form is covered by a proper accident policy of insurance. In consideration of your accepting this team roster, I hereby for the team, heirs, executor, administrators, assignees and myself waive and release any and all damages incurred at the said league.**

**CAPTAIN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_