

**TEAM REGISTRATION FORM**

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I, (printed name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the team manager or of the athletes listed above. I have read and understand the provisions of this document, I consent to the athletes participating in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk andWaiver.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,2021

Signature of person whose printed name appears above:

TEAM NAME

MANAGER’S NAME

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

CELL PHONE

E-MAIL

PLAYER 1 NAME

PLAYER 2 NAME

PLAYER 3 NAME

PLAYER 4 NAME

PLAYER 6 NAME

PLAYER 5 NAME

PLAYER 7 NAME

PLAYER 8 NAME

PLAYER 9 NAME

PLAYER 10 NAME

