

City of Reno Sports League – Official Roster/Medical Release

LEAGUE: _____ SEASON: _____ TEAM NAME: _____

TEAM MANAGER: _____

CO-MANAGER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ WORK/CELL PHONE: _____

HOME PHONE: _____ WORK/CELL PHONE: _____

EMAIL: _____

EMAIL: _____

I, the undersigned, agree to play for above named team in accordance with all rules and regulations. In consideration I hereby, for myself, my heirs, executors, administrators, and assigns, waive and release any and all rights and claims that I may have, or may arise, against the City of Reno, its sponsors, their agents or representatives, for any and all injuries or losses suffered by me while competing in, or in connection with the sport covered by this roster.

PLAYER NAME	BIRTHDATE	ADDRESS	CONTACT NUMBER	SIGNATURE
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