

BROWNSON HOUSE INC.

ROSTER FORM

Please print or type:

Team: _____ Program _____

School: _____

Coach's Name or Adult Supervisor: _____

Home Address: _____

Business or School Address: _____

Primary Phone: _____ Secondary Phone: _____

Business or School Phone: _____

E Mail Address : _____

Include Name Email Address and Phone: **ROSTER**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

By submitting this roster I hereby, for myself, team members, heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Brownson House, staff members and other persons working for the league for any and all injuries and losses which may be suffered in connection with competition in the league.

COACH'S SIGNATURE: _____ DATE: _____