

**Chanute Recreation Commission
400 S. Highland
Chanute, Kansas 66720
431-4199/431-4256**

**TEAM ROSTER
ADULT ATHLETICS**

TEAM NAME _____ MANAGER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMAIL (if frequently checked) _____

ASSISTANT MANAGER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

All information must be completed legibly. All players acknowledge the risks involved from participating in Chanute Recreation Commission programs and agree to assume those risks and to hold the Chanute Recreation Commission, City of Chanute, all of their officers, employees, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind. Furthermore, all players understand that accident insurance is not provided by the Chanute Recreation Commission, and agree to assume full responsibility for all medical expenses resulting from accidents or injuries suffered while participating in Chanute Recreation Commission programs.

Office Use Only	
Date Turned In: _____	
Check #: _____ HOLD: Y N	
YEAR _____	
<u>SPORT & LEAGUE</u>	
(Check One)	
___ BASKETBALL	
___ Womens	___ Mens
___ Men's SOFTBALL	
___ Industrial	___ Recreation
___ Women's SOFTBALL	
___ Industrial	___ Recreation
___ Co-Rec SOFTBALL	
___ Upper	___ Lower
___ Women's VOLLEYBALL	
___ A	___ B
___ Co-Rec VOLLEYBALL	
___ A	___ B

PLAYER'S NAME (PRINT LEGIBLY)	PLAYER'S SIGNATURE	PLAYER'S ADDRESS	HOME OR CELL PHONE NUMBER		
1					
2					
3					
4					
5					
6					
7					
8					

PLAYER'S NAME (PRINT LEGIBLY)	PLAYER'S SIGNATURE	PLAYER'S ADDRESS	HOME OR CELL PHONE NUMBER		
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