

HOLLAND RECREATION DIVISION'S OFFICIAL TEAM ROSTER & WAIVER FORM

Check One () Men () Women () Coed () Youth

Type Of Program _____ League Entered _____
Softball, Basketball, etc...

Team Name Or Sponsor _____

Manager's Name _____ Manager's Signature _____ Date _____

I am the manager of the team on this form and I do hereby agree that all of the information is correct to the best of my knowledge. I also acknowledge that if any of the information on this form is falsified that the player or players in question will be liable to suspension, and that all games that they have participated in will result in forfeiture.

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____ (Pager) _____

Addresses: (Mailing) _____ (E-mail Address) _____

	Players Name (Print)	Address	City	Phone	Resident	Non-Resident	Date Of Birth	Parent/Guardian Signature	Relation-ship	Date
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MINOR'S
INFORMATION
ONLY