

SHERIDAN RECREATION DISTRICT - ADULT SPORT TEAM ROSTER

Sports: (Check One) ___ Basketball ___ Disc Golf ___ Dodge ball ___ Flag Football ___ Soccer
 ___ Softball ___ Ultimate Frisbee ___ Volleyball

Divisions: (Check One) ___ Co-ed ___ Men's ___ Women's

Classifications: (Check One) First Choice: ___ Competitive ___ Leisure ___ Open

TEAM INFORMATION

Team Name: _____ Last Year's Team Name: _____
 Manager's Name: _____ Home Phone: _____
 Manager's Address: _____ Work Phone: _____
 E-mail Address: _____ Cell Phone: _____
 City: _____ State: _____ Zip Code: _____

PLAYING ROSTER

"I acknowledge that participation in this activity constitutes an element of risk, and that by signing this roster, I agree to accept that risk and to hold harmless from any claim the Sheridan Recreation District, its employees and staff, and operators of the facilities on which the activity may take place." **Note: Managers or coaches who will be playing should be listed as players.**

<u>PLAYER'S NAME:</u>	<u>SIGNATURE:</u>	<u>E-MAIL ADDRESS:</u>	<u>PHONE NUMBER:</u>
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2.			
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20.			

Make Checks Payable to: Sheridan Recreation District
Rosters must be turned in the first night of games.
Send fees to: Sheridan Recreation District, P.O. Box 6308, Sheridan, WY 82801
www.sheridanrecreation.com