



Parks and Recreation of Topeka  
 Athletics Office 368-3808  
CITY LEAGUE ROSTER



Sport \_\_\_\_\_  
 League \_\_\_\_\_  
 Team Name \_\_\_\_\_  
 Date \_\_\_\_\_ E-mail address \_\_\_\_\_

Manager \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Participants assume the risk of injury when participating in this program or activity. The City of Topeka assumes no legal responsibility or risk for participant injuries, nor does it maintain insurance to compensate for participant injuries.**

Name (please print)	Address	City	Zip	Home Phone	Work Phone	Date of Birth	Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							

Name (please print)	Address	City	Zip	Home Phone	Work Phone	Date of Birth	Signature
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							

Additional players in excess of 19 must be approved by the League Director.

\_\_\_\_\_

Staff Initials

\_\_\_\_\_

Date

Manager, please keep duplicate for your files. If the player names are NOT legible, or if the personal information is INCORRECT, this roster may be refused. Roster must be turned in with entry fee.

**ATTENTION:** My signature on this roster binds me to this team. I also agree to abide by all rules governing the league. Player-manager's name **MUST** appear on roster.