**** OFFICIAL MPRB ADULTS SPORTS ROSTER***

TEAM NAME:	ACTIVITY (SPORT):	YEAR:	Email:
MANAGER:	ADDRESS:	Zip Code:	Phone:

Players		Email Address	Home Address	Zip	Preferred Phone	Signature of Player
LAST NAME	FIRST NAME					

MANAGER'S SIGNATURE:

Waiver & Release: I have carefully read the description of the MPRB activity which I/we are registering for & are at least 18 years of age. As a participant in the MPRB activity I hereby waive, release, & discharge any & all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation from this activity. This release is intended to discharge in advance the MPRB & employees from any & all liability arising out of or connected in any way w/ my MPRB activity participation. By signing this form I acknowledge all players are in good standing with the MPRB athletic program.