

Chanute Recreation Commission
1621 West 14th
Chanute, Kansas 66720
431-4199 (office)/431-0061 (hotline/fax)

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.

YEAR _____
<input type="checkbox"/> FALL
<input type="checkbox"/> WINTER
<input type="checkbox"/> SPRING
<input type="checkbox"/> SUMMER

SPORT (Check One)
<input type="checkbox"/> BASKETBALL
<input type="checkbox"/> FLAG FOOTBALL
<input type="checkbox"/> SOFTBALL
<input type="checkbox"/> VOLLEYBALL

LEAGUE (Check applicable type(s))
<input type="checkbox"/> CO-REC <input type="checkbox"/> A <input type="checkbox"/> B
<input type="checkbox"/> MEN'S
<input type="checkbox"/> Industrial
<input type="checkbox"/> Recreational
<input type="checkbox"/> WOMEN'S <input type="checkbox"/> A <input type="checkbox"/> B
<input type="checkbox"/> 35 & OVER
<input type="checkbox"/> 3-ON-3

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

PLAYER'S NAME (PRINT LEGIBLY)	PLAYER'S SIGNATURE	PLAYER'S ADDRESS	HOME OR CELL PHONE NUMBER	DATE OF BIRTH	AGE
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					