

2200 W. Jackson St.
 Cookeville, TN 38501
 931-520-5224
 Athletic Superintendent: Jim Crea



Official League Roster

Team Name: _____

Coach/Contact Person: _____ Signature: _____

Address: _____ Email: _____

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

Division of Play (circle one): **CO-ED** **MEN'S** **CHURCH** **KICKBALL**

By signing this roster to participate in a Department of Leisure Services league, I understand and am fully aware that the City of Cookeville and Department of Leisure Services and its employees, umpires, officials and staff working in conjunction with the Department of Leisure Services cannot be held responsible for injuries or mishaps which may occur due to my decision to engage in activities on or about the athletic fields. Furthermore, if I receive an injury for which medical treatment is required, I agree to hold the City of Cookeville harmless for said claim.

Participants must be 18 years or older.

	Name (please print)	Address	Phone	Signature	Date
1					
2					
3					
4					
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12					
13					
14					
15					
16					
17					
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19					
20					

Received By: _____ Sanction Fee: _____ Initial # of Players: _____

League Fee: _____ Cash/Check: _____

Date: _____ Player Fee: _____ Total Paid: _____