

N-SPORTS REC CENTER

Team Roster

(must be renewed each session)

Team Name: _____ Session: _____

Coach's Name: _____ Sport: _____

Coach's Phone Number: _____ Division: _____ M / F

Coach's Email: _____ Shirt Color: _____

COACH: I am aware of all requirements necessary to register and play a team at N-Sports, and there are no refunds. I will ensure that all team members are aware of the rules. I understand that I am responsible for ensuring the entire league fee is paid, whether the team completes the session or not.

FOR MANAGEMENT USE ONLY

	PLAYER NAME	D . O . B	AGE	WAIVER (✓)	LEAGUE FEE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

SCHEDULE CONFLICTS: _____

(Please list any date conflicts) Schedule requests are not guaranteed. Only requests submitted on this form will be accepted. Once the schedule is complete, NO requests will be taken or changes made. Each team is allowed up to two (2) requests.

N-Sports Rec Center | 3101 Recreation Drive | Washington, MO 63090 | (636) 239.1405