

**SCHILLER PARK RECREATION DEPARTMENT  
OFFICIAL LEAGUE ROSTER**

TEAM NAME: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE: (     ) \_\_\_\_\_

CELL PHONE: (     ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

WORK PHONE: (     ) \_\_\_\_\_

ALL players signing this roster understand the risks involved in playing MUSHBALL and fully understand that they are playing at their own risk. Also, the undersigned acknowledge that the Schiller Park recreation department is in no way responsible for injuries occurring in any practice sessions, league games, or playoff games. Teams and/or individual players are encouraged to acquire insurance covering injuries that may occur in athletic contests. A player's signature on this roster indicates that they have read this statement of responsibility on injury and understand fully that they are participating in the Schiller Park Recreation Department MushBall league at their own risk and are personally responsible for any injuries that may occur in said league.

Name (PRINT)	Full Address	Phone	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

The above players have agreed to compete for the above mentioned team and comply with all rules and regulations of the league. Each roster will be thoroughly checked for accuracy. **FALSIFICATION OF INFORMATION COULD RESULT IN SUSPENSION OF YOUR TEAM.**