

Mason City Recreation Department

326 4th St NE, Suite #1 - Mason City, IA 50401 Ph. 641-421-3673

TEAM ROSTER 2019

Sport: _____

League: _____

Name of Team: _____

Captain's Name: _____ Cell Phone: _____

Other contact person: _____ Cell Phone: _____

The undersigned players acknowledge, agree and understand that...

1. Playing sports is hazardous and may result in injury.
2. The Mason City Recreation Department is not liable for any injuries and/or damages that are sustained or incurred while participating in or on any premises of the Mason City Recreation Department.

The undersigned have read the above terms, understand them and agree to abide by them.

PLAYER'S NAME (print)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____