

City of Peoria High School Baseball League Registration Roster Form

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|--------------------------------|-----------------|-------------------|----------|
| Team Name | | | |
| Manager Name (Print) | Street | City | Zip Code |
| Email Address | Phone (Primary) | Phone (Secondary) | |
| Assistant Manager Name (Print) | Phone (Primary) | Phone (Secondary) | |

| Name (Print) | Street | City | Zip Code | Phone (Primary) | Waiver Submission Date (Office Use) |
|--------------|--------|------|----------|-----------------|-------------------------------------|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
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| 18) | | | | | |
| 19) | | | | | |
| 20) | | | | | |

As Manager, I verify that names, addresses, and phone numbers are correct. I understand that we must uphold the rules and regulations of the Community Services Department. I understand each participant involved plays or attends at his/her own risk and is responsible for his/her own health insurance coverage and each has submitted the required City of Peoria Waiver of Liability form. I understand that any participation of a player not correctly listed on this roster may result in my team's expulsion from participation in the City of Peoria's High School Baseball League.

Manager Signature _____

Date _____

