



# Capitola Recreation Department Official Sports Roster



Team Name: \_\_\_\_\_ Manager's Name: \_\_\_\_\_

Sport: \_\_\_\_\_ League or Division: \_\_\_\_\_

**To the Manager:** This roster form must be completed, with at least the required minimum of players, and returned with the liability release by the deadline. Please type or print clearly. The roster must be kept up-to-date throughout the season. Any changes or additions made to your team must also be made on this roster form.

**ANY FALSIFICATION OF INFORMATION SUBMITTED ON THIS ROSTER WILL SUBJECT BOTH THE MANAGER AND THE TEAM TO SUSPENSION FROM THE LEAGUE WITHOUT A REFUND.**

| Waiver Signed? | Shirt Size | Player Name | Address | Phone |
|----------------|------------|-------------|---------|-------|
| 1.             |            |             |         |       |
| 2.             |            |             |         |       |
| 3.             |            |             |         |       |
| 4.             |            |             |         |       |
| 5.             |            |             |         |       |
| 6.             |            |             |         |       |
| 7.             |            |             |         |       |
| 8.             |            |             |         |       |
| 9.             |            |             |         |       |
| 10.            |            |             |         |       |
| 11.            |            |             |         |       |
| 12.            |            |             |         |       |
| 13.            |            |             |         |       |
| 14.            |            |             |         |       |
| 15.            |            |             |         |       |
| 16.            |            |             |         |       |
| 17.            |            |             |         |       |
| 18.            |            |             |         |       |