



LEAGUE ROSTER

March 2016 - July 2016

Age Division: _____

Team Name: _____

	<u>Print Player Name</u>	<u>Address</u>	<u>Zip</u>	<u>Phone</u>	<u>Birthdate</u>	<u>Parent/Guardian</u>	<u>Email</u>
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Parent/Guardian signature on this form indicates their agreement to hold harmless the City of Lake Saint Louis and its representatives from any claims for damages and/or injuries sustained by them or any person or property happening by reason of participation in or spectator at the activities of the Baseball/Softball Program.

MANAGER: _____

COACH: _____

COACH: _____