



Roster Form - Baxter Sports Complex

909 48th Street -- P.O. Box 587 -- Fort Madison, Iowa -- 52627

Circle Sport: **Slow-Pitch Softball** **Kickball** **Soccer** **Sand Volleyball**

Team Name _____ League/Tournament _____

Sponsor _____ Division _____

Team Manager _____

Mailing Address _____ City _____ Zip _____

Email Address _____ Phone Number _____

	Name	Signature
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In signing the above roster, I do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for injuries or damages arising out of this program. I am fully aware that accidents and injuries may occur during the conduct of this program and do fully absolve the Fort Madison Sports Complex, elected or appointed officials, from all personalliability as a result of my participation in this program.

Roster must be turned in and signed before teams first game

Wesley Holtkamp, Facility Director

319-372-2932

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