Men's League Registration

Team Name:	Contact:
Address:	City / State / Zip:
Home Phone:	Work Phone:
Cell Phone:	e-mail:
League Entering: Men's Open	B-League
Date of League Entering:	

Men's League Roster Form

Note: Enter Age as of beginning of League Play

	Player Name	Age	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Medical Waiver and Release of Liability (This form must be signed by each player participating in the league)I, the above signed, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency for the above player during the league play at the MidAmerica Sports Center. I, the above signed, in consideration of the players participation at the MidAmerica Sports Center, intending to be legally bound, do hereby ourselves, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to our persons or property arising out of the above player's performance or failure of performance from the MidAmerica Sports Center, their agents, representatives, successors and assigns.

As Coach/Team Representative, I have read the League Rules and agree to abide by the rules.

Signature: _____ Date: _____

Completed Roster with Entry Fee paid in full must be submitted before first game.

Mail Registration with Entry Fee (Payable to MidAmerica Sports Center) to:

MidAmerica Sports Center
1906 Watterson Trail
Louisville, KY 40299
Attn: Fred Hale