1 LAIVI 117 Park Â DOCTED (215) 659-3	o of Upper Moreland Dept. of venue, Willow Grove, PA 19090 100 x1039 Fax (215) 659-8899 ww.uppermoreland.org	
TYPE:Men's	_ Football Roller Hockey _ Women's Coed : 20 Fall 20	Rosters MUST be completed and signed before any
 That each player agrees to release and all personal injury and property dama well as from participation in this activ cuts and possibly death. That this League provides no "accider in this league at-your-own-risk. That all contact with Dept. staff shall if That players may only participate if the That any player providing false or incomplete the the theorem of the theorem of the theory of the theory of the That any player providing false or incomplete the theorem of the theory of	ge that a player may suffer or sustain by f ity. Playing in an adult sports league may at injury insurance" for injuries to players be made through the designated Team Ma ey have signed this team roster. complete information shall be subject to im	and, School District of Upper Moreland Twp., & Staff from any or reason of the use of facilities, equipment or appointments therein, as o cause serious injury; including broken bones, sprains, dislocations s, team members or spectators. I understand that all participation
TEAM NAME:	TI	EAM EMAIL:
Manager:	Home:	Cell:
By their signature on this form, Player Name (print) 1.	each of the undersigned team Player Signature	<i>players agree to the above conditions:</i> Today's Date
<u>2.</u>		
3.		
<u>4.</u>		
<u>6.</u>		
<u>7.</u> 8.		
<u>8.</u> 9.		
10.		
11.		
12.		
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<u>14</u> .		
15.		
<u>16.</u>		
<u>17.</u>		
<u>18.</u>		

Teams claiming the 50% resident rate league fee will be required to submit additional rosters, which include player names & addresses as proof of Upper Moreland Township residency. Upper Moreland based sponsors qualify for resident rate league fee. Please use additional roster forms should your team consist of more than 18 players.