



South Florida Sports League Inc. Team Roster

TEAM NAME: _____
CAPTAINS NAME: _____
ADDRESS: _____
Division: _____
PHONE: (H) _____ **(C)** _____
E-MAIL: _____

****** PLEASE READ **** All information on each player MUST be type and completed before turning it in.**

I, the undersigned hereby release and hold harmless South Florida Sports League Inc. its officers, employees, (agents, independent contractors,) Directors, Supervisors, and Volunteers from any and all liability for mishaps or injury. (Whether caused by their negligence or otherwise) incurred during my participation in all or any Sports Leagues with South Florida Sports League Inc. I assume all risk incident there to with respect to myself and/or any other individuals for whom this permission and release form is made. Any team, individual and/or action pictures taken will use for the sole purpose of promoting our organization in good standings. Use of my e-mail address with discretion. The intended "use" will be to update league participants with league information, weather/field condition, schedule changes and program updates.

#	PRINT NAME	SIGNATURE	ADDRESS	CONTACT PHONE	E-MAIL ADDRESS
1					
2					
3					
4					
5					
6					