

2017 Straight River Days Teen Kickball Tournament Roster

Team Name _____

Adult Captain and Contact: _____ Phone: _____ Email: _____

Female Players

	Name	Age & Grade	Parents Name (Please Print)	Parents Signature
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Male Players

	Name	Age & Grade	Parents Name (Please Print)	Parents Signature
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

It is understood by the acknowledgment of your signature above that your child is participating in the Straight River Days Kickball Tournament, you agree to have applicable insurance and to indemnify and hold harmless the City of Medford along with their elected or appointed officials, employees, volunteers, sponsors and vendors from any and all claims, demands, losses, lawsuits and/or damages.