



TEAM REGISTRATION



Team Name: _____

IMPORTANT: PRINT LEGIBLY OR YOU MAY NOT RECEIVE A SCHEDULE!

Manager: _____ Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Assistant Manager: _____ Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Choose one in each category:

SPORT: Flag Football DIVISION: Men Co-ed TIME: Weekday Sunday

LEVEL: Recreational Competitive

My undersigned signature confirms my understanding that participation in this leisure activity is on a voluntary, recreational basis and that there may be an element of risk involved. BREC is not responsible for any injury or accident sustained and encourages all participants to obtain insurance for player protection. By acceptance of my entry, on behalf of myself, heirs and legal representatives, do hereby release and forever discharge BREC, and all its representatives from any and all claims and demands of every kind, nature an character, for any and all damages, losses or injuries which I may sustain in connection with any aspect of participation in this voluntary recreational activity.

NAME (PLEASE PRINT)	SHIRT SIZE	SIGNATURE	D.O.B.	EMAIL	PHONE
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MAKE YOUR COPIES OF ROSTER BEFORE TURNING IN - NO COPIES OF THIS ROSTER WILL BE MADE WHEN SUBMITTED.

Receipt #: _____ Date: _____ Site: _____ Day Request: _____