Sports and Athletics Section
77 Reads Way, New Castle DE 19720
(302) 395-5890 (office) • (302) 395-5892 (fax)

OFFICIAL ADULT TEAM ROSTER

Team: Season:

League: Division:

Manager: Address:

Home Phone: Work Phone: E-Mail:

Participant Waiver Agreement: The undersigned agrees to play with this team for the current season and also agrees to abide by the rules and regulations as established by New Castle County and further states: "In consideration of your accepting this entry, I hereby, for myself, my heirs, executors, or administrators, waive and release any and all rights and claims for damages I may have against New Castle County, it's agents, representatives, or assignees for any and all injuries which may be suffered by me during my participation".

UNIF. NO.	PLAYER NAME (Print Clearly)	ADDRESS (Street, City, State, Zip)	HOME PHONE	WORK PHONE	PLAYER SIGNATURE	DATE OF BIRTH