



5 ON 5 FLAG FOOTBALL

TEAM \_\_\_\_\_

# ROSTER FORM

( 8 6 6 ) 4 3 3 - 5 2 4 7

PLEASE PRINT CLEARLY and return to our office or field supervisor prior to first game. Players can be added until the 5th week of the season.

CAPTAIN

**Name:** \_\_\_\_\_ **No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **No.:** \_\_\_\_\_

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**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

We, the above signed, do hereby agree that we will participate with our team in the Infiniti Sports 5 on 5 flag football league and abide by all the rules and regulations set forth by Infiniti Sports. By my signature, I agree to hold harmless, Infiniti Sports, their officers, agents, and employees, the city of league and event play, as well as my team coaches from any and all liability arising from my participation in this flag football league/event.