

PLYMOUTH LEAGUE ROSTER – TEAMS MUST COMPLETE ROSTER EACH SESSION/SEASON.

Team name _____ League _____ Division _____ Day Playing _____
Previous team name (if returning team & have changed name) _____ Email _____
Managers Name _____ Phone (hm) _____ (wk) _____
Address (hm) _____ City _____ Zip _____
(wk) _____ City _____ Zip _____

As manager, I certify that all players listed below will meet all eligibility requirements and will be made fully aware of all rules and regulations and the penalties for violations BEFORE they play. I also grant permission for my name & phone numbers to be printed on our league schedule.

Signed _____ Date _____

Phone #763-509-5200

Fax #763-509-5207

Email dlauer@plymouthmn.gov

Roster Limits:

20 - Softball

12 - 5 Man Basketball

12 - Volleyball

16 – Outdoor/Indoor Soccer

Print Players Name	Player Signature	Residency
1.	Signature	City
2.	Signature	City
3.	Signature	City
4.	Signature	City
5.	Signature	City
6.	Signature	City
7.	Signature	City
8.	Signature	City
9.	Signature	City
10.	Signature	City
11.	Signature	City
12.	Signature	City
13.	Signature	City
14.	Signature	City
15.	Signature	City
16.	Signature	City
17.	Signature	City
18.	Signature	City
19.	Signature	City
20.	Signature	City

In consideration of your accepting this entry, I hereby waive, for myself and my heirs, any and all rights for claims for damages I may have against the City of Plymouth and it's representatives for any and all injuries from whatever cause suffered by the participant in the indicated activity. I understand that the City of Plymouth may use one or more photographs that picture me or my dependents taken at programs for publicity purposes.