

DES MOINES PARK AND RECREATION DEPARTMENT
OFFICIAL DES MOINES ATHLETIC LEAGUE ROSTER

NON-RESIDENT FEES
 FOR OFFICE USE ONLY

***NOTE: Roster is due before the first game is played!!!

Amt. Paid _____
 Cash _____ Check _____
 Date _____
 Receipt No. _____
 Received By _____

TEAM NAME _____

LEAGUE NAME _____ YEAR _____

NOTE: I, the undersigned, agree that I am a member of the above named team. I am aware of all league and playing rules under which this league operates and in consideration for the right to use the facilities, I agree to observe these rules. I further release the City of Des Moines and the Des Moines Independent School District and their employees from any and all claims for personal injury, property damage or death occurring to members of the team or any other participants in the activity, inclusive of spectator activity arising out of the applied for use of park or facility. Team manager must inform players of rules.

Manager's Name (Print) _____ Home Phone _____ Cell Phone _____
 Signature _____ Work Phone _____
 Mailing Address _____ City _____ Iowa Zip Code _____

(Manager must also be listed below if he or she plays on the team.)

1. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
2. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
3. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
4. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
5. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
6. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
7. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
8. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
9. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
10. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
11. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
12. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
13. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
14. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
15. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
16. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
17. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
18. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
19. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____
20. Signature Name (PRINT)	Home Address _____ Home Phone _____	Birth Date _____	Zip _____

Any falsification of the above information can result in forfeiture of games and suspension of players on the team.