



DE PERE PARK & RECREATION DEPARTMENT ADULT LEAGUE ROSTER – 2024 KICKBALL

Team Name:		
<input type="checkbox"/> New Team <input type="checkbox"/> Returning Team		
Previous Team Name: (If Applicable)	Previous League: (If Applicable)	Record:
Team Manager:	Assistant Manager:	
Phone	Phone	
Address:	Address:	
Email:	Email:	

Manager's Agreement

Player addresses listed on page 2 are correct and all appropriate fees will be paid. Falsification of a player's address will result in that participant being banned from all Parks, Recreation and Forestry Department activities for one year. Games played with ineligible player will result in a forfeit. Teams will be dropped if they continue to use ineligible players. Players will pay all expenses of repairing or replacing any publicly owned property they are responsible for damaging.

By signing this form, I agree to ensure all players on my team have signed and turned in an adult athletics kickball waiver before taking the field for play. (Waivers will be available onsite and checked off by umpires during the first night of the season.)

By signing this form, I agree to abide to the athletic league policies and league rules including the ones listed on this form.

Manager Signature: _____ Date: _____

Over →

Team Name:	League:
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Fees: Team Fee \$155/team Resident \$23/player Non-resident \$43/player

- Please print only the required information on this roster. Do not calculate the amount of fees due on this sheet
- Only paid players are to be listed when this form is turned in
- **A minimum of 10 with a maximum of 20 players are allowed on roster**
- Player additions are allowed through the midpoint of the season & must be done a minimum of 24 hours before your next game
- If you are registering as a returning team, indicate returning players in first column below

Return Player	1.	Player	Shirt Size	Age	Phone	Address/Zip Code	Res/ Non	Fee	Recpt. # (staff use)
<input type="checkbox"/>	1.								
<input type="checkbox"/>	2.								
<input type="checkbox"/>	3.								
<input type="checkbox"/>	4.								
<input type="checkbox"/>	5.								
<input type="checkbox"/>	6.								
<input type="checkbox"/>	7.								
<input type="checkbox"/>	8.								
<input type="checkbox"/>	9.								
<input type="checkbox"/>	10.								
<input type="checkbox"/>	11.								
<input type="checkbox"/>	12.								
<input type="checkbox"/>	13.								
<input type="checkbox"/>	14.								
<input type="checkbox"/>	15.								
<input type="checkbox"/>	16.								
<input type="checkbox"/>	17.								
<input type="checkbox"/>	18.								
<input type="checkbox"/>	19.								
<input type="checkbox"/>	20.								
<input type="checkbox"/>									
Player Fee Total									
Team Fee								\$155	
Total Paid Upon Registration									

As manager of this team, I do hereby certify that there are _____ bona fide residents of the City of De Pere listed above. I understand by placing incorrect information on my roster, my team and myself may be removed from league participation.

Manager's Signature _____

Office Use Only			
Date Rec'd:	Time Rec'd:	<input type="checkbox"/> New Team <input type="checkbox"/> Returning Team	Staff: