Do not write in this section – Recreation Staff only. 300.00 Fee Paid:_____
Date Received: _____
Approved for Play: _____

Town of Louisburg
Parks and Recreation
Adult Flag Football Roster Form
Teams Must Pay in Full When Submitting Roster

Team Name: _____

Captain: _____

Co-Captain:_____

Each participant must read the following carefully and understand all of the following statements.

Your participation in this activity could result in physical injury, which could be serious. The Town of Louisburg Parks and Recreation assumes no responsibility for injuries received during a parks and recreation sports activities. By signing this form you are agreeing to the statements above. It is strongly recommended that all participants have a physical exam and secure adequate medical insurance prior to participation.

Name (PRINT NAME)	Address	Phone Number	Signature

There will be no roster changes once the first game of the regular season has been played. This form is the official roster and will be used at all games. This form needs to be turn into Town Hall or mailed at 110 West Nash St. Louisburg, NC 27549 by October 15th.

Captain's Signature and Date: _____

Recreation Coordinator's Signature and Date:

_____