



LAKELAND ATHLETIC FIELD

a division of New Star Charitable Resource Group

DATE _____

TEAM NAME _____

MANAGER/RESPONSIBLE PARTY _____

PHONE _____ EMAIL _____

This form must be renewed each year and kept up-to-date.

R = Returning Player

N = New Player

	#	PLAYER NAME [FIRST AND LAST]	W	R	N
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Each player must have a signed waiver/liability form on file with Lakeland. It is the manager/coach's responsibility to update the team roster and submit liability for any player added. Save and email via the web or fax ATTN: Matt 816.524.9031