



TEAM ROSTER

Team Name: _____ Team Colors _____

Coaches Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I have read the **“RELEASE OF LIABILITY -WAIVER OF CLAIM”**, and I fully understand its terms and acknowledge that I will be giving up substantial rights by signing below and that I have signed freely and voluntarily without any inducement or coercion. I agree that the requirements of this **RELEASE OF LIABILITY -WAIVER OF CLAIM** shall apply to the Alaska Football League (Far North Division) 2012 season.

NO.	PLAYER NAME (PLEASE PRINT)	JERSEY NO.	TELEPHONE NO.	SIGNATURE	PAID
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