



NEENAH PARKS & REC 2020 Wiffleball League Roster

TEAM NAME: _____

CHECK LEAGUE: Co-ed Tuesday

MANAGER _____ PHONE _____ (H) _____ (W)

E-MAIL ADDRESS (print clearly) _____

ADDRESS _____ CITY _____ ZIP _____

PRINT CLEARLY – MUST HAVE 4 PLAYERS MINIMUM / 8 PLAYERS MAXIMUM

	ROSTER NAMES		gender	
			M	F
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

LIABILITY INFORMATION: You should be aware that Parks & Recreation programs involve an element of risk or danger for all participants and may cause serious injury, death, or property loss. The Neenah Parks & Recreation Dept. does not provide nor cover any medical or hospital insurance for participants in our programs. All persons participating in NRPD sponsored activities must provide their own insurance and assume risk of all injuries.

I have informed team members of liability information _____

TEAM MANAGER'S SIGNATURE

OFFICE USE ONLY	
TEAM CODE:	
TEAM FEE	\$120.00
DEPOSIT DATE	/ /



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