

Vaughan Sports Leagues Slowpitch Team Roster



Team Name: _____ Season Start: _____

Captain Name: _____

Co-Captain Name: _____

Team Members (Including Captains)*:

1. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

2. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

3. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

4. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

5. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

6. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

7. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

8. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

Vaughan Sports Leagues Team Roster (continued)

9. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

10. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

11. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

12. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

13. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

14. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

15. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

16. Full Name: _____ Waiver attached

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone #: _____ Date of Birth: _____

Email complete Team Roster to leagues@vaughan.ca

* Maximum 16 members per team including members who may not play (e.g. a Team Manager)

* All Team Members must be at least 18 years of age prior to first game*

** Indicate 'yes' or a checkmark and attach all signed and completed Waivers