

**PBCWTA ADDITION TO ROSTER FORM  
2018 - 2019**

This form, along with an updated typed and alphabetized roster and a \$25.00 check made payable to the PBCWTA, must be received and approved by your Division President prior to playing the first match. Be sure to confirm with the Division President before placing the player in the line-up.

DATE: \_\_\_\_\_

CLUB: \_\_\_\_\_

DIVISION: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

CELL PHONE \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE OF PLAYER: \_\_\_\_\_

CAPTAIN'S SIGNATURE: \_\_\_\_\_

*By allowing my name to appear on this form, I agree to abide by all rules of the PBCWTA. I do hereby and on behalf of myself and my heirs and legal representative release and forever discharge the PBCWTA of and from any and all claims and demands of every kind, nature and character which I may have or may hereafter acquire for any and all damages, losses or injuries which may be suffered or sustained by me. I also understand that any special medical needs remain my responsibility.*

**Rules:**

**By signing this form you are bound to this team for the entire season**

