Dubuque Girls Independent League
Official League Roster – 2010 Fall League

Name of Team _____
Coach's Name _____
Coach's Address _____
City, State, Zip _____
Phone (h) _____(w) _____
EMAIL:

(To be eligible to participate with the above team, he/she must complete this roster in full)

As a precedent to participating in the 2010 Dubuque Girls Independent League, we, the undersigned, knowingly and voluntarily assume any and all risks inherent in participation and agree to abide by all rules and regulations established by the Dubuque Girls Independent League. I further waive any right to claim against the Dubuque Girls Independent League, their officials, volunteers, agents, or employees for loss of life, bodily injury, property damage and/or loss, or personal loss, that may be sustained as a result of my participation in leagues and/or tournaments.

I hereby certify that each of the players named below have personally signed this roster.

Coach's Signature _____

Name (print)	Address	City	Phone	Signature	Date