



2025 TEAM ROSTER SHEET and WAIVER

CHURCH _____

MANAGER/CONTACT (print) _____ PHONE # _____

E-MAIL _____

	PLAYER NAME (Printed)	PLAYER SIGNATURE*	PHONE #
1			
2			
3			
4			
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19			

All team members listed are active or prospective members or attenders of this church.

PASTOR/CHURCH LEADER SIGNATURE _____ DATE _____

* By signing, player releases Franklin County Baptist Association of any and all liabilities related to any injuries that may be incurred while participating in this program. Any minor (under 18 years of age) playing on a team must have a liability waiver filled out and signed by their parent or guardian.