

**YORKTOWN PARKS & RECREATION DEPARTMENT
2025 MEN'S FLAG FOOTBALL LEAGUE**

TEAM ROSTER

TEAM NAME _____ LEAGUE A _____ B _____

CAPTAIN _____ HOME PHONE _____

ADDRESS _____ CELL PHONE _____

- CAPTAINS ARE RESPONSIBLE FOR INFORMING ALL PLAYERS ON THEIR ROSTER THAT THE TOWN OF YORKTOWN PROVIDES NO ACCIDENT/MEDICAL INSURANCE FOR PARTICIPANTS IN THIS LEAGUE. **ALL PLAYERS PARTICIPATE AT THEIR OWN RISK (Including COVID-19 Risk).**
- OUR TEAM UNDERSTANDS THAT IF WE ARE DISCOVERED USING PLAYERS NOT ON THIS ROSTER, OUR TEAM IS SUBJECT TO BEING DROPPED FROM THE LEAGUE WITH NO TEAM FEE REFUND.

Captain's Signature

Date

| | Print Name | Address | Age | Phone |
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*****Roster Sheet must be completely filled out*****