

NIKKEI GAMES BASEBALL

TEAM REGISTRATION FORM & ROSTER

Team Name:

Division:

Manager:

Coach:

Cell Phone:

Cell Phone:

Work Phone:

Work Phone:

E-mail Address

E-mail Address:

Player's Name
Size

Team Name (played on during season)

Jersey No.

T-Shirt

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

My team, the _____ releases the Nikkei Games from all responsibilities for injuries of any nature incurred while participating in any Nikkei Games event. We understand that medical insurance is our own responsibility.

Signature: _____ Date: _____

Title: Team Manager: