

**LEXINGTON COUNTY RECREATION & AGING COMMISSION
OFFICIAL Kickball ROSTER**

**MAXIMUM NUMBER AT ANY TIME is 25 NAMES!
MUST INCLUDE FIRST AND LAST NAME to be eligible!**

Waiver and Release:

I hereby release the Lexington County Recreation & Aging Commission, officials and participants from all claims of damage resulting from participation in the Adult Kickball League. You will not be insured by the Lexington County Recreation Commission . Please print and sign your name below.

<i>Name</i>	<i>Signature</i>	<i>Name</i>	<i>Signature</i>
1.		21.	
2.		22.	
3.		23.	
4.		24.	
5.		25.	
6.			
7.			
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14.			
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16.			
17.			
18.			
19.			
20.			

THE LAST DAY TO ADD OR DELETE PLAYERS IS the 4th week of the season
ADDITIONS OR DELETIONS MUST BE MAILED ON A POST CARD OR LETTER TO THE BELOW
ADDRESS OR FAXED TO ATTN: B.J Belville at 803-359-9092 BY 11:59 P.M. BY THE DEADLINE

TEAM NAME: _____ LEAGUE: (night & site) _____

TEAM MANAGER: _____ PHONES: _____

THIS ROSTER MUST BE SUBMITTED BY THE END OF THE TEAM'S SECOND SCHEDULED
GAME TO THE UMPIRES. **DO NOT SEND TO THE RECREATION COMMISSION.**

ADDITIONS/DELETIONS ONLY MUST BE MAILED TO:

ATHLETIC DEPARTMENT

Lexington County Recreation Commission

563 South Lake Drive

Lexington, SC 29072

Or faxed to: Attn: B.J Belville @ 359-9092

Or emailed to: bj@lcrac.com No phone call additions/deletions will be accepted.