

MONTGOMERY COUNTY RECREATION

ADULT TEAM ROSTER

TEAM NAME: _____

SELECT LEAGUE TYPE: Softball Soccer Basketball Volleyball

ACTIVITY CODE/SECTION: _____

MANAGER'S NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____ FAX: _____

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program.

NAME (PRINT CLEARLY)	DOB*	STREET ADDRESS, CITY AND ZIP	HOME PHONE	WORK PHONE	SIGNATURE
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