

ADDITION TO PLAYER ROSTER

LAUREL DEPARTMENT OF PARKS AND RECREATION

8103 SANDY SPRING ROAD
LAUREL, MD 20707
(301) 725-HIT Sports Line
(301) 725-7800 Admin. Office
Website: <http://www.laurel.md.us>
E-mail timv@laurel.md.us

FOR OFFICE USE ONLY

Received By _____

Date _____

Time _____

LEAGUE

TEAM NAME _____ PLAYER NAME _____

HOME ADDRESS _____ PHONE (H) _____ (W) _____

CITY _____ STATE _____ ZIP CODE _____ (E-M) _____

I agree that I shall comply with all the rules of the program, and agree not to hold the City of Laurel or any of its employees, officials or agents liable in case of injury to me, or damage to my property. I will permit the Department use of my e-mail address with discretion. The intended "use" will be to update league participants with weather/field conditions, schedule changes and program updates.

Player Signature

Manager Signature

Date

