

# TEAM REGISTRATION FORM

## LAUREL DEPARTMENT OF PARKS AND RECREATION

**8103 SANDY SPRING ROAD  
LAUREL, MARYLAND 20707**  
(301) 725-7800 , //www.laurel.md.us  
(301) 725-1HIT – SPORTS LINE

FOR OFFICE USE ONLY

CIRCLE ONE: Men's Women's Coed

SPORT: \_\_\_\_\_

DAY(S) OF PLAY: \_\_\_\_\_

LEVEL OF PLAY: \_\_\_\_\_

Date Paid _____
Amount Paid _____
Check # _____
Full Name on Check _____
Address on Check _____
_____
Initials _____

Team Name \_\_\_\_\_

Team Manager \_\_\_\_\_

Team Manger Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_ DOB \_\_\_\_\_  
Home Work

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Ass't Manager \_\_\_\_\_

Ass't Manger Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_  
Home Work

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I have read and understand the League Rules and Regulations and agree that my team will comply with those rules and regulations. All players participate at their own risk. I also understand that all makeup games will be rescheduled by the Department and may include days other than the regularly scheduled league night(s). The Department also reserves the right to change the place of play advertised, when it is in the best interest of the Department.

By providing your e-mail address, you are permitting the Department use of this address with discretion. The intended "use" will be to update league participants with weather/field conditions, schedule changes and upcoming events.

I understand that refunds will only be given if the program is cancelled.

\_\_\_\_\_ Date

\_\_\_\_\_ Team Manager Signature