

**CITY OF LAUREL DEPARTMENT OF PARKS AND RECREATION
TEAM ROSTER**

TEAM NAME _____

LEAGUE _____

MANAGER _____

PHONE (H) _____ (W) _____

ADDRESS _____

(E-MAIL) _____

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.

	PRINT NAME	SIGNATURE	STREET ADDRESS, CITY, ZIP CODE	CONTACT NUMBERS	JER #
1				(H) (E-M)	
2				(H) (E-M)	
3				(H) (E-M)	
4				(H) (E-M)	
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17				(H) (E-M)	
18				(H) (E-M)	
18				(H) (E-M)	
20				(H) (E-M)	
BELOW FOR OFFICE USE ONLY					
1a				(H) (E-M)	
2a				(H) (E-M)	
3a				(H) (E-M)	