

**MONTGOMERY COUNTY DEPARTMENT OF RECREATION – 4010 Randolph Road, Sports, SILVER SPRING, MARYLAND 20902
Main (240) 777-6870, FAX: (240) 777-6890**

Please return to the Sports Office Attn: Andy Fish

TEAM ROSTER

YEAR: 2013 SPORT: T-Ball

Grade: _____

TEAM NAME _____

Coach's NAME: _____

ADDRESS: _____

PHONE: H: _____ **Cell #:** _____

E-MAIL ADDRESS: _____

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 if 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 (please print legibly)	STREET ADDRESS	CITY	SCHOOL	ZIP	GRADE	HOME PHONE	WORK PHONE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							