

# Montgomery County Department of Recreation

## ADULT SOCCER ROSTER FORM

TEAM NAME \_\_\_\_\_

COACH'S NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

Division: \_\_\_\_\_

## TEAM ROSTER Adult Soccer League

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.

COACH/GUARDIAN SIGNATURE: \_\_\_\_\_

*Please email by Sept. 27 to:*

[Christopher.oyer@montgomerycountymd.gov](mailto:Christopher.oyer@montgomerycountymd.gov)

All teams who do not submit by Sept. 27 will forfeit each game until roster is turned in.

FIRST & LAST NAME (please print)	STREET ADDRESS & CITY & ZIP	PHONE (w/ area code)	AGE	SIGNATURE	Jersey Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					