

MONTGOMERY COUNTY DEPARTMENT OF RECREATION - 4010 RANDALPH RD, ROOM 306, SILVER SPRING, MARYLAND 20902
(240) 777-6870 FAX: (240) 777-6890

TEAM ROSTER

ADULT SOFTBALL

Circle/Check One

Men's Women's CoRec

35+ 40+ 50+ 55+ 60+ Super Senior

TEAM NAME _____

LEVEL _____

DIVISION/NIGHT _____

Manager's NAME _____

e-MAILADDRESS: _____

ADDRESS _____

CITY _____

ZIP _____

PHONE: H: _____

W: _____

FAX #: _____

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 of 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)	DOB	AGE*	STREET ADDRESS	CITY	ZIP	HOME PHONE	WORK PHONE	SIGNATURE
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*If 16 or 17 years old, you must have a parent/guardian permission form completed and on file.

Please mail or fax (240/777-6890) roster to the attention of the Sports Office.