Jackson Recreation Department LEVEL OF PLAY: Upper Middle Lower NIGHT _____ **2015 WOMENS SLOWPITCH SOFTBALL**

Team Name _____ Team Manager _____ E-Mail _____

Manager's Address _____ City _____ ZIP _____ Phone _____

I agree to play for the team named above for the 2014 Softball Season, or until released by the manager. I will abide by the Rules and Regulations of the Jackson Recreation Department. I agree to release the Jackson Recreation Department, the City of Jackson and Sponsor(s) of this team from all liabilities, from any and all injuries sustained by me while playing, practicing, or traveling with the above mentioned team during the season.

Player's Name	Player's Signature	Address	Phone	Date of Birth	$10 City Resident	$14 City Supporter	$20 Non Resident

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