JACKSON RECREATION DEPARTMENT
2016 ADULT SOCCER LEAGUE ROSTER

LEAGUE (circle one) **Tuesday 30 and Over** **Thursday Non-Premier**

Team Name _____ Team Manager _____ Cell-Phone _____

Manager's Address _____ City _____ ZIP _____ E-Mail_____

Player #	Players Printed Name	Player's Signature	Address	Home Phone	Work Phone	Date of Birth	Id Check

OVER

Player #	Players Printed Name	Player's Signature	Address	Home Phone	Work Phone	Date of Birth	Id Check

By signing this roster, I agree to play for the team named above for the 2016 Soccer 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.