

JACKSON RECREATION DEPARTMENT 2019 COED 6 V 6 Fall SOCCER LEAGUE ROSTER

Team Name _____ Team Manager _____

Manager's Address _____ City _____ ZIP _____

Cell Phone _____ E-mail _____

I agree to play for the team named above for the 2019 Adult COED Fall Soccer season. 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	Cell Phone	Date of Birth
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