

Howell Area Parks and Recreation Department  
Official Roster

Team Name \_\_\_\_\_ Manager's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_  
 Email Address \_\_\_\_\_ Check One:  Women's Soccer  Men's Soccer  Co-Ed Soccer  Co-Ed Softball

Name	E-Mail	Address (Street, City, Zip)	Township (Res. Or Non-Res.)	Phone	Birthday	Amt. Paid	Receipt #
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Signature of Team Manager \_\_\_\_\_

**Turn over to sign waiver**

Waiver Information:

I agree to abide by the rules and regulations of the recreation program and rules of good sportsmanship at all times. I further agree to accept all responsibilities in case of accident or injury during all scheduled league or practice play. I also agree to abide by the rules, regulations, and bylaws, and to hold harmless in the event of an injury the Howell Area Parks and Recreation Department.

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