**JACKSON RECREATION DEPARTMENT**
**2019 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 |
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OVER

| Player # | Players Printed Name | Player's Signature | Address | Home Phone | Work Phone | Date of Birth | Id Check |
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By signing this roster, I agree to play for the team named above for the 2019 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.