

Franklin County Parks & Recreation Department  
 Official Adult Team Roster

Team Name \_\_\_\_\_

Manager's Name \_\_\_\_\_ Phone(H): \_\_\_\_\_ (W): \_\_\_\_\_ (M): \_\_\_\_\_

Asst. Manager \_\_\_\_\_ Phone(H): \_\_\_\_\_ (W): \_\_\_\_\_ (M): \_\_\_\_\_

I hereby release Franklin County, its employees and agents from responsibility for injuries (physical or otherwise) incurred during program activities. I understand that participation in sports can cause injury and that injuries are a natural part of the game. I agree to abide by departmental rules and regulations that govern the program for which this registration is for. In the event of a medical emergency, I hereby give permission to medical personnel to provide necessary medical treatment to the adult listed below. I certify that all information contained in this form is true and correct to the best of my knowledge and belief.

	Print Player's Name	Date of Birth	Age	Address, City, Zip Code	Home Phone
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