



CITIES OF LYNNWOOD & EDMONDS
 ATHLETICS TEAM ROSTER FORM
 (425) 670-5732 or (425) 771-0230 - Fax (425) 771-1363



Please complete appropriate spaces:

Sport : ADULT REC SOFTBALL

Season _____

Team Name _____

League: Men / Women / Co-Ed

Year _____

Team Manager _____

Address _____

Phone # _____

Assistant Manager _____

Address _____

Phone # _____

The undersigned hereby, separately, for themselves, executors and administrators, waive and release any and all rights and claims that may be had or might arise against the City of Lynnwood and/or The City of Edmonds, their Parks and Recreation Departments, affiliated Advisory Councils, agents and representatives for any and all losses suffered by the said undersigned while competing in or in connection with the programs sponsored by the Lynnwood or Edmonds Parks and Recreation Departments.

PLAYERS NAME	SIGNATURE	EMAIL ADDRESS	ZIP CODE	PHONE NUMBER
1.				
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PLAYERS NAME	SIGNATURE	EMAIL ADDRESS	ZIP CODE	PHONE: MAIN CONTACT
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