ROSTER

Boys or Girls:	
Grade:	
Hometown or School:	
NAME:	NUMBER:
RELEASE	
In consideration of being allowed to participate, I representative of above listed team, waive all claims for kind and hereby release Marion Parks and Recreation, T all associated facilities, employees, members and representation, I verify that all information contained on this feature.	injury, accident, or loss of any The City of Marion, USD 408, and entatives from any claims. In
Print Representative's name:	Title:
Representative's signature	Date:
Coach information:	
Name:	
Address:	
Home Phone:	
Cell Phone:	
E-mail:	