

Wood River Parks & Recreation Department – Team Registration

Team: _____ League: _____ Manager: _____
 We the Undersigned, release the City of Wood River Parks & Recreation Department, and the Illinois ASA of any financial responsibility due to injury while participating in their program.

(Please Print)

If under 18, must have parents signature

	Name	Address	City	Phone	Age	Signature
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Wood River Parks & Recreation Department - pre-season roster

Team: _____ League: _____ Manager: _____

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