



Season: _____ **Team Name:** _____ **Coach/Manager's Name:** _____

Work Phone: () _____ **Home Phone: ()** _____ **E-Mail Address:** _____

I the undersigned, agree to abide by the rules and regulations of the City of Lewisville Parks and Recreation Department in their leagues and agree to release the City of Lewisville from any injury that might occur to me during league play.

Date: _____ **Coach/Manager's Signature:** _____ **Church Representative's Signature:** _____

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