

## 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**

	<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Phone</b>	<b>Age</b>	<b>Signature</b>
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