



THURSTON COUNTY PARKS & RECREATION DEPARTMENT
 4131 MUD BAY ROAD SW, OLYMPIA WA 98502
 TEAM ROSTER

Year _____

SWSA

TEAM NAME: _____

TEAM COLORS: _____

DIVISION: _____

SPONSOR: _____

MANAGER NAME: _____

HOME #: _____

WORK #: _____

MANAGER AGREEMENT: I agree to review the Southwest Washington Soccer Association Rules and By-Laws and agree to abide by them as written. I understand it is my responsibility to make team members aware of all rules that affect the current league.

MANAGER SIGNATURE: _____

WAIVER FOR PARTICIPANTS: In consideration of your accepting my entry, I hereby, for myself, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I may have against Thurston County, Thurston County Parks and Recreation Department and other governmental agencies, the Southwest Washington Soccer Association, The Quad County Soccer Referees Association, their representatives, successors, and assignees for any and all injuries suffered by myself at any activity sponsored by these groups. I also agree to accept the rules and procedures as set forth by the Thurston County Parks and Recreation Department.

NAME (print)	ADDRESS/CITY/ZIP	PHONE	E-MAIL	Signature for the following season(s) Spring, Summer, Fall, Winter
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				