

OFFICE USE ONLY			<b>City of Stoughton Recreation Department</b>				
League	Team 00	Date Rec'd	<b>RESIDENT</b> _____		<b>Non-Resident</b> _____		
			321 S. Fourth Street Stoughton, WI 53589				
			<input checked="" type="checkbox"/> One	<input type="checkbox"/> Basketball	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball	Dodgeball
Last Name		First Name	Middle Initial	E-Mail Address			
Resident Street Address						Zip Code	
STOUGHTON							
Residence Phone			Business Phone		Employer		
I agree to play for the team listed. I agree to abide by the regulations set by the Stoughton Recreation Department. It is agreed that by signing this form I will be responsible for the injuries to my person and/or damage to my property that could occur as a result of my participation in this program.							
Player's Signature X					Team Name		
I agree to be responsible for the eligibility of this player					Manager's Signature		Date Signed

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