



**University of Michigan
Department of Recreational Sports
2008 MICHIGAN CLASSICS ROSTER**



Team Name _____			
Circle One: Men	Women	Co-Rec	
Circle one: Monday	Tuesday	Wednesday	Thursday

MANAGER		ALT. MANAGER
	Name	
	Address	
	City, Zip	
	Phone - Home	
	Phone - Work	
	E-mail	

	Player's Name	Address	Phone
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By my signature as Manager, I agree to operate within the established rules of the Michigan Classics Softball Program as administered by the University of Michigan Department of Recreational Sports and to review the rules with my team. I agree to inform each team member of the Dept. of Recreational Sports policy concerning health and injuries. Participation is on a voluntary basis. Participants assume the risks normally associated with activity characteristic with softball. The University of Michigan and the Dept of Recreational Sports accepts no responsibility for ill health or injury while participating as a player, spectator or passer-by in the Michigan Classics Softball Program. Medical and/or ambulance expenses incurred by a participant will not be paid by the University of Michigan and/or Department of Recreational Sports.

Manager's Signature _____