



Print Legibly !

Team ID \_\_\_\_\_

Girls  
 Boys

Post collegiate \_\_\_\_\_ Varsity \_\_\_\_\_ JV \_\_\_\_\_ Middlers \_\_\_\_\_

Name of team \_\_\_\_\_ Locality \_\_\_\_\_

Contact Name \_\_\_\_\_  e mail \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

 Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

 **Absolute necessity**

Mail THIS form & ALL athlete waivers together by 9/26/09

**Please send TOP portion ONLY !**

Submit ALL waivers by 9/26/09



300 Unity Lane Annapolis, MD 21401

SYNAPSE  
SPORTS



CALIFORNIA

7v7

**caboom.**