

TEAM REGISTRATION & ROSTER

THIS ROSTER IS FOR WHICH LEAGUE?

SOFTBALL

Co-Ed Comp . W

Rec Co-Ed . . M T

Rec Co-Ed . . W TH

Men Rec 1-nte M T

CO-ED KICKBALL T TH

ADULT SOCCER M T

ADULT FLAG FTBL M T

Men Rec MW T/TH

Men Comp M/W T/TH

TEAM NAME _____

[Please Print]

COACH'S NAME _____

PHONE # _____

EMAIL _____ @ _____

NAME (PRINTED LEGIBLY)	HOME ADDRESS (STREET, APT, CITY) (PRINTED LEGIBLY)	ZIP CODE	BEST CONTACT PHONE # (A/C & NO)		SIGNATURE (Legible)
John Doe	1357 N Palofox St Apt 14 Pensacola FL	32502	850	453-	< === SAMPLE LINE This form can be filled out and printed.
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	NAME (PRINTED LEGIBLY)	HOME ADDRESS (STREET, APT, CITY) (PRINTED LEGIBLY)	ZIP CODE	BEST CONTACT PHONE # (A/C & NO)	SIGNATURE (Legible)
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By my signature above, I hereby agree and contract, in consideration of the acceptance of this roster as a "playing member" of this team, to fully comply with the regulations and rules of the Amateur Softball Association of America and those of the Parks & Recreation Department Softball Leagues. I agree to play with this team for this season, understanding that disorderly or unsportsmanlike conduct or violation of this contract will be followed by suspension from the league. I also understand that I may be on more than one roster but not in the same league.

Informed Consent

By my signature above, I acknowledge that I am releasing the City of Pensacola, its agents and employees, from any and all liability either individual, joint or several, which when may incur as a result of an act or acts of negligence, contributory negligence, or comparative negligence, engaged in by them which causes, either directly or indirectly, any injury, sickness, or illness of any kind to me. I further agree that I will hold the City of Pensacola, its agents and employees, harmless from any liability, payment of damages, costs and attorney's fees, and will identify the City, its agent, and employees in the event that the payment of damages, costs and attorney's fees is incurred by the City, arising out of or pertaining to in any way the negligence, contributory negligence, or comparative negligence of any employee or agent of the City of Pensacola, or of the City of Pensacola itself.

By my signature below, I agree that the persons named above and on any attached or submitted player contracts for the team named above and that I am responsible for ensuring that all applicable fees are collected/paid in accordance with league rules and that all rules are followed completely.

Cash ___ Check # _____ Receipt # _____ Date _____

Coach/Mngr Signature _____