

# ADULT SOFTBALL LEAGUE ROSTER

OFFICE USE ONLY	
Roster:	
Date:	

TEAM NAME:			Returning?   Yes  No		
MANAGER:		PRIMARY PHONE: _		E-MAIL:	
	NIGHT (Circle): WEDNESDAY	THURSDAY	LEAGUE (Circle): UPPERS	MIDDLES LOWERS	SEASON: FALL

Release and Waiver of Liability and Indemnity Agreement: The undersigned hereby releases the City of San Clemente and its officers, agents and employees from all liability to the undersigned (and from any minor participants for whom the undersigned has the capacity to contract), thereby releasing, indemnifying, and holding harmless the City of San Clemente, its officers, agents, and employees from all liability to the undersigned (and said minors) for any loss or damage on account of physical, mental and emotional injury to the undersigned (of said minors) caused by negligence of the City of San Clemente, its officers, agents and employees. The undersigned hereby assumes full responsibility for, and the risk of, physical, mental and emotional injury due to the negligence of the City of San Clemente, its officers, agents and employees. The undersigned recognizes for himself or herself, and any minors that the events and occurrences to which this release applies can be dangerous and as a result of signing below, the undersigned is accepting those risks for himself or herself, and for any minor participants for whom the undersigned hereby represents that he or she understands and is familiar with the nature of the activities in which the undersigned, and /or any minor, will participate in the San Clemente Recreation Program. I, THE UNDERSIGNED, CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING.

#### EACH PLAYER MUST PERSONALLY SIGN PRIOR TO PARTICIPATING

	Print Name	Signature	E-Mail	Phone	Shirt Size
1	(MANAGER)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	(COED ONLY)				
18	(COED ONLY)				



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### **SUB LIST**

#### EACH PLAYER MUST PERSONALLY SIGN PRIOR TO PARTICIPATING

	Print Name	Signature	E-Mail	Phone	Date Participated
1					
2					
3					
4					
5					
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