CITY OF TRACY OFFICIAL SOFTBALL ROSTER

TEAM NAME:				MANAGER'S NAME	·
HOME PHONE:	WORK PHONE:				
ADDRESS:				CITY:	ZIP:
CIRCLE LEAGUE:	Men's	Women's	Coed	EMAIL ADDRESS:	
CLASSIFICATION:	Novice	Intermediate	Advanced	NIGHT OF PLAY:	
<u> </u>					N AGREEMENT, ROSTER
2. I understand that t	my own there are players in	free will, I elec certain risks a ncluding, but r	ct to participate and hazards in not limited to th	e as a member of the soft volved in participating in s	ball team and league indicated above. softball that may result in injury or with weather conditions, playing
4. I understand that pitching, throwing, fie	the very relding and	nature of the g	game of softba he ball, the sw	all is hazardous and risky, ringing of the bat, running	nay result in serious injury or death. including, but not limited to, the acts of , jumping, stretching, sliding, diving, serious injury or death to me and to
below and in consider 1. I voluntarily elect to the team by other teams or by arranged by my team 2. I release, discharged below, the temployees, or any perdamages, costs or categorials.	eration for to accept so design other pla n or leagu ge and ag e league erson or e ause of ad	permission to and assume a nated, (b) while yers on my te be for practice gree not to sue or team sanct entity connected ction which I h	o play on the fi all risks of inju e serving in a am, and (c) whor play. e the team and tioning organized with the tea nave or may in	telds arranged for by the lary incurred or suffered by non-playing capacity as a hile on or upon the premist deleague designated below ration, or their owners, offarm, league, field or sanctithe future have as a resu	me (a) while practicing or playing as a team member during practice or play ses of any and all of the fields w, the field owner or other entity cicers, agents, servants, associations, oning organization for any claim, alt of injuries or damages sustained or
the parties hereby re IN ACKNOWLEDGE	leased. THAT I F	HAVE READ A	AND THAT I U	INDERSTAND EACH AN	each of contract or wrongful conduct of D EVERY ONE OF THE DN AGREEMENT AND AGREE TO
PLAYERS NAME	E (PRINT))	ADDRES	S, CITY, ZIP	SIGNATURE
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