



CO-ED ADULT SOFTBALL ROSTER



Liability Waiver: I do hereby agree to play softball for _____ (team) in the Payette County Recreation District's Adult Softball League during the season, and to abide by the rules of said league. I understand that due safety precautions will be taken, but injuries are a natural part of the activity. In the event of an injury or accident, the Payette County Recreation District, any game officials, recreation directors, nor the coach or the players of any participating team will be held responsible, and I do hereby waive, relinquish, and release any and all rights to damages which may be sustained.

TEAM FEES: \$250.00

PLEASE PRINT NEATLY

PLAYER'S NAME	ADDRESS	CITY	PHONE	AGE	INITIAL	FEE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

PLAYERS MAY BE ON ONLY 1 ROSTER - YOU MAY ONLY BE ON ONE TEAM.

TEAM MANAGER:	HOME PHONE:
ADDRESS:	WORK PHONE:
CITY, STATE, ZIP:	FAX NUMBER:
	CELL PHONE:
EMAIL:	