



SOFTBALL ATHLETIC TEAM ROSTER

TEAM NAME: _____ DATE/YEAR: _____ CAPTAIN: _____

HOME PHONE: _____ BUSINESS PHONE: _____ FAX: _____ E-Mail : _____

LEAGUE: Men's (Mon.) Upper or Lower or (Wed.) (Fri.) Women's (Tues.), Fall Ball, 16" Over 30, 16" Fall (*Circle One*)

	PRINT NAME	DOB	ADDRESS (street, city, zip code)	PHONE	^EMAIL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
*16					
*17					
*18					
*19					
*20					

^ Freeport Park District will communicate through mass emails rather than mailings

* \$5 additional charge for players 16-20 added to roster

SUMMER SOFTBALL Liability Waiver

Please read, then sign this liability waiver and photo release:

As a participant (the parent/legal guardian of a minor participant), I recognize that there are risks of physical injury, and I agree to assume the full risk of any injuries (including death), losses or damages as a result of participating (allowing the minor for whom I am responsible to participate) in any and all activities described in this release. In consideration of Freeport Park District accepting my registration, I hereby for myself, my heirs, executors, administrators, agree to waive all claims I may have as a result of participating, traveling to and returning from any and all activities of the program against Freeport Park District, its officers, agents, volunteers, servants and employees. I release, indemnify, and hold harmless the Freeport Park District, its officers, agents, volunteers, and employees, from any and all claims from any source or person (including the minor participant) for injuries (including death), losses, expenses, or damages due to the participation herein requested and granted, as well as the traveling to and returning from the identified activities, or losses arising out of, connected with, or any way associated with the activities herein described.

I understand that I or my child/ward may be photographed or videotaped while participating in the above program(s). I give my permissions for photos and videotape of me or my child/ward to be used to promote the Park District and that such photos and videos will be the property of the Freeport Park District.

In the event of an emergency, I authorize Freeport Park District to secure medical treatment deemed necessary for my immediate care and/or the care of my child and I agree that I will be responsible for the payment of any and all medical treatment and services rendered.

In the event that the league fee goes unpaid by sponsor, individuals will be responsible for league fees. Individuals will not be allowed to participate in other Park District activities until their portion is paid.

PARTICIPANTS/PARENT SIGNATURE

DATE

PARTICIPANTS/PARENT SIGNATURE

DATE

1. _____

11. _____

2. _____

12. _____

3. _____

13. _____

4. _____

14. _____

5. _____

15. _____

6. _____

16. _____

7. _____

17. _____

8. _____

18. _____

9. _____

19. _____

10. _____

20. _____

Team Coaches Verifications: Team Name: _____

Coaches signature: _____

Date: _____