



# 2019 Fall Softball

Team Name:
Age Group (Circle One): 8U 9U 10U 11U 12U 13U 14U 16U 18U
Division (Circle One): In-House or Travel (Circle One: Classification A B C)

Team Manager:
Street Address:
City, State, Zipcode:
Cell Phone#:
Email Address:

Assistant Coach:
Cell Phone #
Email Address:

## Team Roster

Player's Name	Jersey #	Date of Birth	Parent Consent Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

### Waiver of Liability

I, understand, agree and contract, in consideration of the acceptance of this application for as a playing member of a team, to fully comply with the policies, procedures, rules, and regulations of the Village of Melrose Park Fall Softball League. I, Parent/Guardian of the said participant, hereby agree to release and hold harmless the Village of Melrose Park and Veterans Park District and its sponsors, employees, and volunteers from any and all claims or demands whatsoever which might be made again the Village of Melrose Park or Veterans Park District arising out of or in consequence of the above youth's participation in this program.