

CITY OF COOLIDGE PARKS AND RECREATION DEPARTMENT

Men's Softball League

Co-Ed Softball League (Please check one)

Each player listed on this roster must sign and date this waiver before playing in the league.

In consideration of your acceptance of this registration, I for myself and anyone entitled to act on my behalf agree to waive any claim against the City of Coolidge, its employees or its agents for injuries that may occur as a result of my participation in this program. I understand the risks involved in the activity and agree that I will exercise caution and take all steps necessary to avoid injury.

NAME	PARTICIPANT SIGNATURE	ADDRESS	PHONE NUMBER
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- There is a minimum of (20) players on your roster (No more than 20 players can be allowed on the roster, alternates will not be allowed). You do not have to use every space, but it is encouraged.*

COACH'S NAME: _____ TEAM NAME: _____