

# Adult Softball Team Roster



All information must be neatly printed or typed. Please read roster carefully. Your signature is acknowledgement and agreement of the waiver below

Team: \_\_\_\_\_

Manager: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Note:** A minimum of (7) residents or (7) business sponsor employees must be on registration form and roster at time of registration to qualify for priority registration.

	Player's Name	Address (City/Zip)	Phone	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
<b>PLAYERS 16 - 20 FOR COED ONLY</b>				
16				
17				
18				
19				
20				

I acknowledge use of this sport facility requires courtesy towards its residential neighbors and I will refrain from littering and excessive noise and abide by street parking restrictions. As participants in the Beverly Hills Adult Sports Leagues, we hereby acknowledge that our signature releases and discharges the City of Beverly Hills and all of its officers, agents, and employees from any and all liability for claims, injuries, or damage to person or property. I hereby consent to the photographing, recording and reproduction in any other manner (including use of video and audio) of the likeness, voice and/or activities of the participant and further authorize the City of Beverly Hills, it's agents or assigns, to make unlimited use of such reproductions, including but not limited to broadcasting of the reproductions over radio, television and on the internet. As a team representative, I hereby certify that all of the above information is correct and in no way falsified.

Signature of Manager: \_\_\_\_\_ Date: \_\_\_\_\_