

# APPLE VALLEY ADULT ATHLETIC TEAM ROSTER - **WIFFLEBALL 2018**

NIGHT & LEAGUE \_\_\_\_\_ TEAM NAME \_\_\_\_\_

MANAGER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

ASST. MANAGER NAME \_\_\_\_\_ PHONE: H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

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- Each player's entire line must be completed. Incomplete rosters will not be accepted!
- Resident teams (a team with greater than 51% of a team's roster who live/work in Apple Valley will have priority status if the League is full and teams need to be turned away, to date that has not been an issue with this league as all teams who have registered by the deadline have been excepted into the league.)
- 'Eligible Address' is the Apple Valley address for those who live or work in A.V.; home address for those who don't.

Player's Name (print)	Eligible Address	H/W Address?	City	Zip Code	Phone Number	Date of Birth
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Percent of Residents: \_\_\_\_\_

**OFFICE USE ONLY**

**Apple Valley Parks & Recreation**  
**7100 147<sup>th</sup> Street West**  
**Apple Valley, MN 55124-9016**  
**(952) 953-2300**

**TEAM WAIVER FORM**

LEAGUE: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

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As lawful consideration for being permitted to participate in the adult athletic program of the City of Apple Valley's Parks and Recreation Department, I on behalf of myself agree that the City of Apple Valley shall be held harmless and will not be liable for any injury or disability which I or any member, employee or participant of the said program incur as the result of the use of the said facility and program, due to the passive or active negligence of the City, its agents or employees. This release of liability of the City of Apple Valley does not include any injuries that I or any member, employee or participant of the said program incur as the result of willful, wanton or intentional misconduct by the City of Apple Valley, its agents or employees. This agreement is specifically binding on my spouse, heirs and assigns of any member, employee or participant of the program.

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**PLAYER SIGNATURES REQUIRED** (Please sign on corresponding number from reverse side):

- |          |           |
|----------|-----------|
| 1. _____ | 7. _____  |
| 2. _____ | 8. _____  |
| 3. _____ | 9. _____  |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |