

This form is not due until the first night of league play. Please give the completed roster to the field supervisor on the first night of league play.

APPLE VALLEY ADULT ATHLETIC TEAM ROSTER

2019 SUMMER SOFTBALL SEASON

NIGHT & LEAGUE: _____ TEAM NAME: _____

MANAGER'S NAME: _____ ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: H _____ W _____

ASST. MANAGER NAME: _____ PHONE: H _____ W _____

- Each player's entire line must be completed. Incomplete rosters will not be accepted!
- Eligible Address = the Apple Valley address for those who live or work in A.V. (home address for those who don't)

As lawful consideration for being permitted to participate in the adult athletic program of the City of Apple Valley Parks & 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 said program.

* PRINT CLEARLY *	Eligible Address	City	Zip	Home Number	Date of Birth
1)					
Signature:					
2)					
Signature:					
3)					
Signature:					
4)					
Signature:					
5)					
Signature:					
6)					
Signature:					
7)					
Signature:					
8)					
Signature:					
9)					
Signature:					
10)					
Signature:					

SOFTBALL ROSTER – page 2

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* PRINT CLEARLY*	Eligible Address	City	Zip	Home Number	Date of Birth
11)					
Signature:					
12)					
Signature:					
13)					
Signature:					
14)					
Signature:					
15)					
Signature:					
16)					
Signature:					
17)					
Signature:					
18)					
Signature:					
19)					
Signature:					
20)					
Signature:					

Staff information :

Date Received: _____ Received by: _____ Percent of Residents: _____