



***Team Registration Form
Spring 2010 Season
Adult Softball***

TEAM NAME: _____

Team Manager: _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Other Phone #: _____ **E-mail:** _____

Team Coach: _____

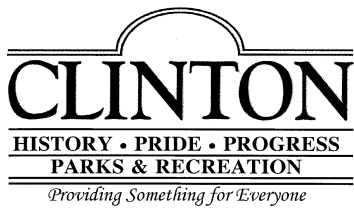
Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Other Phone #: _____ **E-mail:** _____

Open _____ **Church** _____ (**Division*** _____) **Women** _____ **Coed** _____
(A or B)

*Clinton Parks & Recreation will make final Division placing.



Team Roster Spring 2010 Season Adult Softball

	NAME	PHONE	PLAYER'S SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
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15.			
16.			
17.			
18.			
19.			
20.			

*By signing this roster, I hereby acknowledge that I have read and understand the rules and regulations set forth by the Clinton Parks and Recreation Department and adopted by the team representative for the league. I understand that these rules and regulations are designed to help ensure that this league will provide a wholesome recreational experience for myself and others participating in this league. I agree to abide by these rules and regulations for the duration of the program.

**HOLD HARMLESS STATEMENT: Also by signing this roster, I acknowledge that I am voluntarily participating in this sport, and assume all liability and risk associated with injury resulting from playing this sport and further hold harmless the City of Clinton and its agents for any claims of personal injury or property damage arising out of or related to said participation.

Representative's Statement: I understand that I am responsible for the actions of the members of this team, and will do my best to provide the appropriate leadership required by the Parks and Recreation Department.

Team Representative Name (Printed)

Team Representative Email Address

Team Representative Signature

Date