



***Team Entry Form
CPRD Adult Softball
Fall ASA Church Tournament***

***Church Name:** _____

***Address:** _____

***City:** _____ ***State:** _____ ***Zip:** _____

Church Phone: _____

Church Contact: _____

Position/Title: _____ **Phone:** _____

***Team Captain:** _____

***Address:** _____

***City:** _____ ***State:** _____ ***Zip:** _____

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

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



***CPRD Adult Softball
 Fall ASA Church Tournament
 Team Roster***

	NAME	PHONE	PLAYER'S SIGNATURE
1.			
2.			
3.			
4.			
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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 tournament. I understand that these rules and regulations are designed to help ensure that this tournament will provide a wholesome recreational experience for myself and others participating in this tournament. 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