



Elyria Parks and Recreation

OFFICIAL SOFTBALL ROSTER FORM

**For Office
Use Only**

Date: _____

League: Men's Co-Ed

Team Name: _____

Day: Sunday Tuesday

Wednesday Thursday

Season: Fall

Division: B C D Co-ed

Initials: _____

Date Rec'd:

___ / ___ / ___

Year: 2022

LIABILITY WAIVER

I expressly understand and agree that neither the City of Elyria of Parks & Recreation; a municipal corporation, nor any of its officers, agents, volunteers, assistants or employees shall be held responsible or made the subject of any claim seeking to assess damage or liability for or arising from personal injury or property damage or loss of any other sort to myself actual or proposed participation in the above named program, and I hereby agree to indemnify and hold the City of Elyria Department of Parks & Recreation, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.

(Please provide "complete" information below, without player's identification & signature roster will not be accepted.) I have read and fully understand the above statements:

No.	Name of Player (print or type)	Signature	Phone No.
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
Manager or Coach: (Please print name)		Address:	Cell #:
MANAGER'S OR COACH'S SIGNATURE:			Home #: