

Elyria Parks and Recreation

OFFICIAL SOFTBALL ROSTER FORM

For Office Use Only

Date:	Leagu	e : Men's	Co-Ed	Initials:
Team Name:	Day:	Sunday	Tuesday	Date Rec'd:
		Wednesday	Thursday	/
Season: Fall_	Divisi	i on : B C [O Co-ed	

Year: 2023 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	T-shirt Size
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
Manag	Manager or Coach: (Please print name) Address:		Cell #:	
MANAGER'S OR COACH'S SIGNATURE:				Home #: