



CITY OF TUSTIN ADULT SOFTBALL OFFICIAL ROSTER FORM

Team Name: _____ Season: Winter Spring Summer Fall

League Preferred: M T W TH F Men's Coed

Level Preferred: Lower Middle Upper

Manager's Name:	Co-Manager's Name:
Address:	Address:
City/Zip:	City/Zip:
Primary Phone Number:	Primary Phone Number:
Email Address:	Email Address:

Notes or special considerations (no guarantees): _____

By signing the roster below:

1. I **RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF TUSTIN, IT'S EMPLOYEES, OFFICERS, COUNCILMEMBERS AND AGENTS** (hereinafter collectively referred to as "the City") for and from any and all claims and liability arising out of strict liability, dangerous condition of public property and/or indemnify and hold the City harmless for and from a claim, judgment or expense the City may incur which may arise out of my participation in the Activity.
2. Acknowledge that the Activity is inherently dangerous and that I participate at my own risk. I further understand that the Activity contains risks of minor injury, serious injury and even death, and that all other participants in the Activity pose a danger to me. Nevertheless, I **VOLUNTARILY ELECT TO ACCEPT ALL RISK** connected with my participation in the Activity.

***ROSTER MUST INCLUDE ALL THE INFORMATION FOR EACH PLAYER OR IT WILL NOT BE ACCEPTED**

***PLEASE WRITE ELLIGABLY OR THE ROSTER WILL NOT BE ACCEPTED**

	Player's Name	Player's Primary Phone Number	Player's Email Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Date payment received: _____ Staff: _____ Roster complete: ___Y or N___

Form of payment: cash _____ company check number: _____ cc# _____

For additional information, please call the Parks & Recreation Department at 714-573-3326