



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 |
|----|---------------|-------------------------------|------------------------|
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| 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