Softball Team Roster

90 E Civic Center Drive, Gilbert, Arizona 85296 | (480) 503-6200 | gilbertaz.gov/adultsports

GILBERT ARIZONA
PARKS & RECREATION

TEAM INFORMATION

(Please print)

Team Name:

Former Team Name:

Manager:

Manager Email:

Phone: (wk) **(hm)** **(cell)**

Address: **City:** **State:** **Zip:**

ADULT SOFTBALL PROGRAM

(Please write in the league you wish to enter. Include league name, level of play and night)

First Choice:

Second Choice:

What league would you like to see offered?

PLEASE NOTE: *Teams must be prepared to play on all leagues given as choices. No refunds will be given unless the league is cancelled.*

What league did your team play in last season?

Team Name: **City:** **Level of Play:**

What was your record last season? (or current league to date) **Wins:** **Losses:**

Number of returning players from last season?

*Rosters must be **completely filled out** with the address, phone number and signature of each player. (see reverse side) Incomplete rosters will not be accepted. Players must be 16 years of age. Players under the age of 18 require a parent or guardian signature. Roster maximum is 15 players; minimum is 10 players.*

As the representative of my team, I have read and agree to all the Gilbert Parks and Recreation Department rules and regulations. I verify that to the best of my knowledge all information given on this form is true and accurate.

Manager's Signature:

Date:

See next page to complete and submit form.

FOR OFFICE USE ONLY

Date Received. . . . . _____

Check . . . . . # _____

Check Amount . . . . . $ _____

Cash Amount . . . . . $ _____

Total . . . . . $ _____

ASA Fee Included . . . . . Yes _____ No _____

Staff Initials . . . . . _____

ASSUMPTION OF RISK & RELEASE OF ALL CLAIMS & NOTICE

I allow my child and/or myself, to participate in this program. We release the Town of Gilbert and its employees of any liability, claims or demands, which we may hereafter have as a result of participating in recreational activities, using recreational facilities, or being transported to events as part of this program. I understand that the Town of Gilbert has no medical insurance for this program. I understand there are risks involved with strenuous physical exertion as part of this program, including serious injury. I certify that my own physical condition is satisfactory to participate in physically demanding activities. I am at least 16 years of age. I also give my permission for any photos/video taken of participants to be used by the Town of Gilbert. I verify that all information provided is correct, and agree that the Town of Gilbert may require proof. I understand that providing incorrect information included but not limited to participant date of birth and address is grounds for removal from the program and may result in suspension of the privilege to particpate in future programs.

Team Name: **Manager:**

1.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
2.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
3.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
4.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
5.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
6.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
7.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
8.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
9.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
10.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
11.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
12.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
13.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
14.	Player Name			Signature		
	Address	City	Zip	Phone	Email	
15.	Player Name			Signature		
	Address	City	Zip	Phone	Email	

SUBMIT PRINT