

ADULT SOFTBALL LEAGUE ROSTER

TEAM NAME: _____

COACH NAME: _____ PHONE: _____

PLAYERS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

ALL PLAYER SIGNING THIS ROSTER SHEET HEREBY ELECT TO WAIVE ALL LEGAL AND MEDICAL LIABILITY INHERENT BY PARTICIPATING IN THIS TOURNAMENT. ALSO BY SIGNING THIS ROSTER YOU WILL NOT HOLD THE TOWN OF GILA BEND RESPONSIBLE FOR ANY AND ALL DAMAGES OR INJURIES ASSOCIATED BY PARTICIPATING IN THIS TOURNAMENT.