

LONGMONT RECREATION SERVICES – 2012 ROSTER FORM ADULT SOFTBALL

TEAM NAME: _____ Last year's Team Name: _____ Season _____

MANAGER: _____

Name **Address** **City/Zip**

Email Address **Primary Phone** **Secondary Phone**

I, _____, as a representative of the team _____, do hereby state that our team will abide by the City of Longmont Recreation Division policies and have read and understand the rules and regulations of this league.

Signed _____ Date: _____



LIABILITY WAIVER

I understand that there are certain risks involved with participation in any recreational activity. I expressly understand, agree that neither the City of Longmont Colorado, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees, shall be held responsible or made subject to any claims, including any claim for negligence, seeking to assess damages or liability for or arising from personal injury or property damage to myself or other person in whose behalf this form is now signed as a result of actual or proposed participation in the above named programs. I, on behalf of myself and my family, hereby agree to HOLD THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, HARMLESS ON ACCOUNT OF ANY SUCH CLAIM.

Res	NR	NAME [please print legibly]	ADDRESS	CITY	ZIP	PHONE	BIRTHDATE	SIGNATURE
1.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
2.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
3.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
4.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
5.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
6.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
7.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
8.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
9.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
10.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
11.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
12.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
13.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
14.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
15.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
16.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____