

City of Clayton  
Parks and Recreation Department  
Youth Baseball/Softball Team Roster

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
State
Zip

My family and I hereby waive and release the City of Clayton and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator at a City of Clayton sponsored activity. I have read and understand the registration and refund policies. Registration is invalid without signature. I also agree, as a participant or a parent of a minor participant, to grant full permission to the City of Clayton to use my name, photograph, videotape or recording for promotional purposes without obligation or liability to me or my family.

Name/Signature	Address & Zip	Phone	R	NR
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