



ADULT SOFTBALL LEAGUE 2026 TEAM ROSTER

Team/Manager Information

Team name: _____

Team Manager

First/last name: _____ Phone: _____

Email: _____

Address: _____ City/State/Zip: _____

Alternate Contact

First/last name: _____ Phone: _____

Email: _____

Team Rosters

- All teams are required to submit a team roster; all players must sign the official team roster prior to participation. All player information must be filled out completely and accurately; falsification of player information will result in an automatic player suspension and potential forfeiture of games.
- All players must be at least 16 years of age to participate. Individuals under the age of 18 must have a parent or legal guardian present. A maximum of three (3) players under the age of 18 is allowed per team.
- Players are **not** allowed to play for more than one (1) team.
- **Roster additions:** Teams may add additional players to their team until July 18. No additional players will be permitted after that date. Players must be added and approved by the league coordinator before any participation.
- **Substitutes:** If a team has less than 9 players at game time, teams may use a substitute player from another SPRD team with approval from the opposing team manager and site supervisor.
- **Roster checks:** Roster checks may occur at any time at the discretion of the site supervisor or league coordinator. All players are required to have a photo ID with them at all games. Teams found to be using illegal players or players not listed on the team rosters shall forfeit that game.
- **Roster size:** min. 10/max. 20 players.



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Each participant **must** sign the team roster indicating they agree to the **Waiver & Release** to be eligible to participate. **Rosters are due at the manager's meeting.** *Please print legibly!*

WAIVER & RELEASE

I do hereby certify that I am physically fit to compete in the program and do assume all risks and hazards incidental to the conduct of this activity. I do hereby release, absolve, indemnify, and hold harmless the organizers, supervisors, employees, volunteers, and officers of Sisters Park & Recreation District, any and all of them. I do hereby waiver all claims and demands for damage, losses, injuries, or expenses sustained as a result of participating in this program.

Last name	First name	Birthdate (mm/dd/yy)	Signature	Phone #	Email
1.					
2.					
3.					
4.					
5.					
6.					
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9.					
10.					
11.					
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17.					
18.					
19.					
20.					