



ADULT SOFTBALL LEAGUE 2024 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 roster up until the fifth game of the regular season; players must be added prior to 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
1.			
2.			
3.			
4.			
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20.			