

MOUNT PLEASANT SOFTBALL LEAGUE

TEAM ROSTER 2026

TEAM NAME: _____

LEAGUE: A B C OVER 40 CO-ED

PREVIOUS TEAM NAME: _____

LEAGUE FEE: Payable to Town of Mt. Pleasant: \$1500 (Due April 3, 2026)

The undersigned hereby releases the Town of Mt. Pleasant, its Town Boards, Employees and volunteers of any liability whatsoever in connection with damage and/or injuries sustained as a result of his/her participation in the Adult Recreation Softball League sponsored by the Mt. Pleasant Recreation and Parks Department. I acknowledge and accept the inherit health and injury risks associated, including the additional risk of infection and unintentional spread of COVID-19 by attending a Town of Mount Pleasant event or Town facility. I agree to hold harmless the Town and any and all of its employees, temporary staff, elected officials and/or independent contractors from any and all liability if I should contract COVID-19 or any similar type illness at a Town of Mount Pleasant event or Town facility.

	<u>Name (Please Print)</u>	<u>Home or Employer Address</u>	<u>Phone</u>	<u>Signature</u>
<u>Captain</u>				
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	<u>Name (Please Print)</u>	<u>Home or Employer Address</u>	<u>Phone</u>	<u>Signature</u>
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I ACKNOWLEDGE that everyone listed on the team roster I represent is eligible to play and I understand that any misrepresentation of the requested information is in violation of the rules governing the league and can result in my expulsion from league participation with no refund of fees.

Captain's/Manager's Signature: _____ **Date:** _____

Email Address: _____